

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Hospital Association PAC

ADDRESS (number and street)

800 Tenth Street, NW

Two CityCenter, Suite 400

☐ Check if different than previously reported. (ACC)

Washington

DC

20001-4956

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00106146

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

DC

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

10

16

2014

through

M M M / D D D / Y Y Y Y Y Y

11

24

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer

Ms. Melinda Hatton

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

12

04

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		<span style="border: 1px solid black; padding: 2px;">3126501.95</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">1581085.26</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">215333.94</span>	<span style="border: 1px solid black; padding: 2px;">1854734.71</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">1796419.20</span>	<span style="border: 1px solid black; padding: 2px;">4981236.66</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">403041.58</span>	<span style="border: 1px solid black; padding: 2px;">3587859.04</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">1393377.62</span>	<span style="border: 1px solid black; padding: 2px;">1393377.62</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	143681.23	890866.27
(ii) Unitemized .....	50494.07	319576.13
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	194175.30	1210442.40
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ..... ►	199175.30	1220442.40
12. Transfers From Affiliated/Other Party Committees.....	15000.00	622950.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	1000.00	8975.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	158.64	2367.31
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ..... ►	215333.94	1854734.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... ►	215333.94	1854734.71

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	9409.34	213154.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	9409.34	213154.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	82500.00	1036800.00
24. Independent Expenditures (use Schedule E) .....	311132.24	2336149.76
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1755.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1755.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	403041.58	3587859.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	403041.58	3587859.04

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	199175.30	1220442.40
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1755.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	199175.30	1218687.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	9409.34	213154.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	9409.34	213154.28

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 198

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Dan Stone**

Mailing Address 2366 Faulkner Lane

City

Danville

State

KY

Zip Code

40422-8603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harlan ARH Hospital

Occupation

Community Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : 22082480

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Vicki A Darnell**

Mailing Address 217 South Third Street

City

Danville

State

KY

Zip Code

40422-1823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ephraim McDowell Regional Medical Cent

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : 22082481

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr. Michael Karpf MD**

Mailing Address 800 Rose Street

City

Lexington

State

KY

Zip Code

40536-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Kentucky Albert B. Chand

Occupation

Executive Vice President of Health Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : 22082482

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. LaWanna S. Halstead RN, MPH**

Mailing Address 4000 Lincoln Boulevard

City State Zip Code  
 Oklahoma City OK 73105-5207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Oklahoma Hospital Association

Occupation  
 VP, Quality & Clinical Initiatives

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 17 / 2014

Transaction ID : 22082846

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Corey Lively**

Mailing Address 429 West Elm Street

City State Zip Code  
 Hobart OK 73651-1615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Great Plains Regional Medical Center

Occupation  
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 17 / 2014

Transaction ID : 22082847

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Rick Snyder**

Mailing Address 4000 Lincoln Boulevard

City State Zip Code  
 Oklahoma City OK 73105-5207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Oklahoma Hospital Association

Occupation  
 Vice President, Finance & Information

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 17 / 2014

Transaction ID : 22082854

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Douglas K Weaver FACHE**

Mailing Address P O Box 278

City

State

Zip Code

Pryor

OK

74362-0278

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Integris Mayes County Medical Center

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 17 / 2014

Transaction ID : 22082859

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Lynne Stewart White**

Mailing Address 4000 Lincoln Boulevard

City

State

Zip Code

Oklahoma City

OK

73105-5207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oklahoma Hospital Association

Occupation

Director of Government Relations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

10 / 17 / 2014

Transaction ID : 22082860

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Mary Winters**

Mailing Address 7750 N Chisholm Hill Rd

City

State

Zip Code

Yukon

OK

73099-9134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oklahoma Hospital Association

Occupation

VP Education & Support Services

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 17 / 2014

Transaction ID : 22082861

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Kathy D Moore**

Mailing Address 5997 N. Cape Arago Place

City

Garden City

State

ID

Zip Code

83714-4022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Luke's Regional Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 16 / 2014

Transaction ID : 22082867

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr. David C Pate MD, JD**

Mailing Address 4699 N. SettlersRidge Pl

City

Boise

State

ID

Zip Code

83703-7013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Luke's Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 16 / 2014

Transaction ID : 22082868

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. J. Robert Polk**

Mailing Address 1627 Ridgecliff Lane

City

Boise

State

ID

Zip Code

83702-3049

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Alphonsus Regional Medical Cente

Occupation

Vice President, Quality and Patient Sa

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 16 / 2014

Transaction ID : 22082869

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Lisa Kidder Hrobsky**

Mailing Address P O Box 1278

City

Boise

State

ID

Zip Code

83701-1278

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Idaho Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

596.32

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

**Transaction ID : 22082870**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jeff Hill**

Mailing Address PO Box 892

City

Salmon

State

ID

Zip Code

83467-0892

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Steele Memorial Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

**Transaction ID : 22082871**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms Janie G Nirk**

Mailing Address 1010 S. Brincken Rd

City

Potlatch

State

ID

Zip Code

83855-9764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gritman Medical Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

**Transaction ID : 22083048**

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

520.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Gene E Green MD**

Mailing Address 708 Springdale Ave.

City

Annapolis

State

MD

Zip Code

21403-2923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

10 / 17 / 2014

Transaction ID : 22083892

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

**B. Ms Valerie Shearer Overton**

Mailing Address 203 Birch Run Road

City

Chestertown

State

MD

Zip Code

21620-1639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

10 / 17 / 2014

Transaction ID : 22083895

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

**c. Dr. John B Chessare MD, MPH, F**

Mailing Address 5601 Waycrest Lane

City

Baltimore

State

MD

Zip Code

21210-1229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greater Baltimore Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

10 / 17 / 2014

Transaction ID : 22083897

Amount of Each Receipt this Period

340.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Thomas Barry**

Mailing Address 8320 S. Pond View Drive

City

State

Zip Code

Star City

IN

46985-9102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Pulaski Memorial Hospital

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 17 / 2014

Transaction ID : 22084361

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Mr. James Bickel**

Mailing Address 5060 Somerset Lane

City

State

Zip Code

Columbus

IN

47201-3129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Columbus Regional Hospital

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 17 / 2014

Transaction ID : 22084362

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Brian K Ring**

Mailing Address 1111 Fox Hollow Road

City

State

Zip Code

New Castle

IN

47362-8949

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Henry County Hospital

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 17 / 2014

Transaction ID : 22084375

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Stephen A. Frayne**

Mailing Address 411 Old Sherman Hill Road

City

Woodbury

State

CT

Zip Code

06798-4003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connecticut Hospital Association

Occupation

Senior Vice President, Health Policy

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 17 / 2014

Transaction ID : 22084391

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Brian Cournoyer**

Mailing Address 110 Barnes Road

City

Wallingford

State

CT

Zip Code

06492-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connecticut Hospital Association

Occupation

Manager, Government Relations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 17 / 2014

Transaction ID : 22084392

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Stephen M. Ahnen**

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

955.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 20 / 2014

Transaction ID : 22084608

Amount of Each Receipt this Period

45.50

SUBTOTAL of Receipts This Page (optional)..... ►

795.50

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Paula Minnehan**

Mailing Address 283 Gallopiny Hill Road

City State Zip Code  
 Hopkinton NH 03229-3402

FEC ID number of contributing federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

V.P., Finance and Rural Hospitals

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 20 2014

Transaction ID : 22084609

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

**B. Mr. Timothy Saylor**

Mailing Address P O Box 6002

City State Zip Code  
 Grand Forks ND 58206-6002

FEC ID number of contributing federal political committee.

C

Name of Employer

Essentia Health Fargo

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 20 2014

Transaction ID : 22084615

Amount of Each Receipt this Period

330.00

Full Name (Last, First, Middle Initial)

**C. Mr. Brock D Nelson MHA**

Mailing Address 640 Jackson Street

City State Zip Code  
 Saint Paul MN 55101-2595

FEC ID number of contributing federal political committee.

C

Name of Employer

Regions Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 20 2014

Transaction ID : 22085058

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

846.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Marie Rose**

Mailing Address 6006 84th St. S.W.

City  
Motley

State  
MN

Zip Code  
56466-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lakewood Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 20 / 2014

Transaction ID : 22085060

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Carolyn Jackson**

Mailing Address 1051 Mill Road Circle

City  
Rydal

State  
PA

Zip Code  
19046-3020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Christopher's Hospital for Childre

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 22 / 2014

Transaction ID : 22086783

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Rebecca Anthony**

Mailing Address 100 East Grand Avenue  
Suite 100

City  
Des Moines

State  
IA

Zip Code  
50309-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Vice President, Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.94

Date of Receipt

10 / 22 / 2014

Transaction ID : 22086788

Amount of Each Receipt this Period

35.71

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

785.71

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Dan Royer**

Mailing Address 100 East Grand Avenue

City

Des Moines

State

IA

Zip Code

50309-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Director, Advocacy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.91

Date of Receipt

10 / 22 / 2014

Transaction ID : 22086791

Amount of Each Receipt this Period

17.85

Full Name (Last, First, Middle Initial)

**B. Ms. Laura Malone**

Mailing Address 100 East Grand Avenue  
Suite 100

City

Des Moines

State

IA

Zip Code

50309-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Director of Nursing & Clinical Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.94

Date of Receipt

10 / 22 / 2014

Transaction ID : 22086792

Amount of Each Receipt this Period

35.71

Full Name (Last, First, Middle Initial)

**C. Mr. Perry J. Meyer**

Mailing Address 1920 SE Olson Drive

City

Waukee

State

IA

Zip Code

50263-8180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.94

Date of Receipt

10 / 22 / 2014

Transaction ID : 22086793

Amount of Each Receipt this Period

35.71

**SUBTOTAL** of Receipts This Page (optional)..... ►

89.27

**TOTAL** This Period (last page this line number only)..... ►



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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Erika Eckley**

Mailing Address 100 East Grand Avenue, Suite 100

City State Zip Code  
Des Moines IA 50309-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Director, Government Relations Staff L

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.90

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2014

Transaction ID : 22086794

Amount of Each Receipt this Period

17.85

Full Name (Last, First, Middle Initial)

## **B. Mr. Arthur John Spies II**

Mailing Address 100 E. Grand Ave. Suite 100

City State Zip Code  
Des Moines IA 50309-1800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Senior Vice President, Membership Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.94

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2014

Transaction ID : 22086795

Amount of Each Receipt this Period

35.71

Full Name (Last, First, Middle Initial)

## **C. Mr. Dennis A. White**

Mailing Address 100 East Graham Avenue  
Suite 100

City State Zip Code  
Des Moines IA 50309-1835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.94

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2014

Transaction ID : 22086797

Amount of Each Receipt this Period

35.71

**SUBTOTAL** of Receipts This Page (optional)..... ►

89.27

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Chad R. Austin**

Mailing Address 6518 SW 26th Court

City

Topeka

State

KS

Zip Code

66614-4305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kansas Hospital Association

Occupation

Sr. Vice President, Government Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.44

Date of Receipt

10 / 22 / 2014

Transaction ID : 22086798

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Mr. Chris Hansen**

Mailing Address 5710 W 128th Street

City

Overland Park

State

KS

Zip Code

66209-3681

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Kansas Hospital, The

Occupation

Senior Vice President Ambulatory Servi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 22 / 2014

Transaction ID : 22086807

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jon Jackson**

Mailing Address 8000 Tomahawk Road

City

Prairie Village

State

KS

Zip Code

66208-4845

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Kansas Hospital, The

Occupation

Sr. VP, Chief Administrative Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 22 / 2014

Transaction ID : 22086809

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

538.46

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Bill Marting**

Mailing Address 2808 NW Thoreau Dr.

City

Lees Summit

State

MO

Zip Code

64081-2265

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Kansas Hospital, The

Occupation

Senior Vice President and Chief Financ

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 22 / 2014

Transaction ID : 22086813

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Elizabeth Concordia**

Mailing Address 2315 East Harmony Road, Suite 200

City

Fort Collins

State

CO

Zip Code

80528-8620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Colorado Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 22 / 2014

Transaction ID : 22088294

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms Gina Cole-Plasker**

Mailing Address 17555 NW Waltuck Ct

City

Portland

State

OR

Zip Code

97229-8530

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Legacy Health

Occupation

Gov. Affairs Officer

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 21 / 2014

Transaction ID : 22088328

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

925.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Mark C. Adams MD**

Mailing Address 1717 South J Street

City

Tacoma

State

WA

Zip Code

98405-4933

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Francis Hospital

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : 22090304**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Lois I Bernstein**

Mailing Address 409 South J Street

Post Office Box 5299

City

Tacoma

State

WA

Zip Code

98405-4272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MultiCare Mary Bridge Children's Hospi

Occupation

Senior Vice President Community Servic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : 22090305**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Richard Boyd**

Mailing Address 13505 NE 287th Circle

City

Battle Ground

State

WA

Zip Code

98604-7522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PeaceHealth Southwest Medical Center

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : 22090306**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

### A. Ms Theresa Boyle

Mailing Address 315 Martin Luther King Jr Way

City State Zip Code  
Tacoma WA 98405-4234

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MultiCare Health System

Occupation  
Senior Vice President, Strategy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 22090359

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

### B. Ms. Laurie Brown RN, MN

Mailing Address 5204 Ridge Drive NE

City State Zip Code  
Tacoma WA 98422-1525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Francis Hospital

Occupation  
Chief Nursing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 22090360

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

### C. Dr. George J Brown MD

Mailing Address 376 NW 81st Pl

City State Zip Code  
Portland OR 97229-6777

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Legacy Health

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 22090361

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Andrew Busz**

Mailing Address 300 Elliott Avenue West  
Suite 300

City State Zip Code  
Seattle WA 98119-4198

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington State Hospital Association

Occupation  
Director, Financial Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : 22090362**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr James Cammack**

Mailing Address 939 Caroline Street

City State Zip Code  
Port Angeles WA 98362-3909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Olympic Medical Center

Occupation  
Commissioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : 22090363**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Fred E. Coleman**

Mailing Address 14505 NW 52nd Ct

City State Zip Code  
Vancouver WA 98685-0511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Legacy Health

Occupation

Medical Director, Surgical Specialty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : 22090364**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Sandra Dahl**

Mailing Address 5502 Webster Avenue

City State Zip Code  
 Yakima WA 98908-3698

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Yakima Valley Memorial Hospital

Occupation  
 Vice President, Nursing & Patient Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 22090365

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

**B. Mrs. Denise D Fall RN, BSN, C**

Mailing Address 7509 Se 157Th Ave

City State Zip Code  
 Portland OR 97236-7830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Legacy Good Samaritan Hospital and Med

Occupation  
 Nurse Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 22090366

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Mark Gary**

Mailing Address P O Box 5299

City State Zip Code  
 Tacoma WA 98415-0299

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 MultiCare Mary Bridge Children's Hospi

Occupation  
 Senior Vice President and Corporate Ge

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 22091887

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

775.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr John Hall**

Mailing Address 3514 Shorecliff Drive NE

City

Tacoma

State

WA

Zip Code

98422-2306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MultiCare Health System

Occupation

Board of Directors

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 22091888

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Bryce R Helgersen**

Mailing Address 1255 NW Ninth Avenue  
Suite 320

City

Portland

State

OR

Zip Code

97209-3255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Legacy Salmon Creek Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 22091889

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Mr. Stuart Hennessey**

Mailing Address 1615 Delaware Street

City

Longview

State

WA

Zip Code

98632-2367

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PeaceHealth

Occupation

Senior Vice President Legal Services a

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 22091890

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

625.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Eric Jensen**

Mailing Address 12844 Military Road South

City State Zip Code  
 Tukwila WA 98168-3045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Valley General Hospital

Occupation  
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2014

**Transaction ID : 22091892**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Tom Jensen**

Mailing Address 915 Anderson Drive

City State Zip Code  
 Aberdeen WA 98520-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Grays Harbor Community Hospital

Occupation  
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 21 / 2014

**Transaction ID : 22091893**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**C. Mr. David Johnson**

Mailing Address 2600 SW Holden Street

City State Zip Code  
 Seattle WA 98126-3505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 West Seattle Psychiatric Hospital

Occupation  
 Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

10 / 21 / 2014

**Transaction ID : 22091894**

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Glenn Kasman**

Mailing Address 401 14th Avenue SE

City

Puyallup

State

WA

Zip Code

98372-3770

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MultiCare Good Samaritan Hospital

Occupation

President, East Pierce Region

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 22092547

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Hugh Kodama**

Mailing Address 17700 SE 272nd Street

City

Covington

State

WA

Zip Code

98042-4951

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MultiCare Health System

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 22092548

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael T Liepman**

Mailing Address P O Box 1376

City

Mount Vernon

State

WA

Zip Code

98273-1376

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Skagit Valley Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 22092549

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms Shelly Mullin**

Mailing Address 315 Martin Luther King Jr Way

City State Zip Code  
Tacoma WA 98405-4234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MultiCare Tacoma General Hospital

Occupation

Vice President and Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 22092550

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Scott O'Brien**

Mailing Address 2628 West Westlover Rd

City State Zip Code  
Spokane WA 99208-5569

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence Sacred Heart Medical Center

Occupation

Chief Strategy Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 22092551

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Diane Patterson**

Mailing Address 719 Beacon Avenue

City State Zip Code  
Yakima WA 98901-1577

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yakima Valley Memorial Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 22092552

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Robin Robertson**

Mailing Address 300 Elliott Avenue West, Suite 300

City  
Seattle

State  
WA

Zip Code  
98119-4122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington State Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 22092553

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Rob Roth**

Mailing Address 315 MLK Jr Way

City  
Tacoma

State  
WA

Zip Code  
98405-4234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MultiCare Health System

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 22092554

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Lane A. Savitch**

Mailing Address 5300 Tauman Avenue, NW

City  
Seattle

State  
WA

Zip Code  
98107-3985

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kadlec Regional Medical Center

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 22092557

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Claire Spain-Remy MD**

Mailing Address PO Box 5299

MS: 1501-2-MMG

City

Tacoma

State

WA

Zip Code

98415-0299

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MultiCare Health System

Occupation

Senior Vice President, MultiCare Medic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : 22092558**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr Richard Spiegel**

Mailing Address 2202 West Chestnut Avenue

City

Yakima

State

WA

Zip Code

98902-3745

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yakima Valley Memorial Hospital

Occupation

President and CEO, Signal Health

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : 22092559**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Robin Virgin**

Mailing Address 12310 NE 21st Street

City

Vancouver

State

WA

Zip Code

98684-5510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PeaceHealth Southwest Medical Center

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : 22092560**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Gail Weaver**

Mailing Address 4902 Webster Road

City

Yakima

State

WA

Zip Code

98908-2451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yakima Valley Memorial Hospital

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 22092561

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Gladys M. Campbell**

Mailing Address 2220 NW Aspen Avenue

City

Portland

State

OR

Zip Code

97210-1219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest Organization of Nurse Execut

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 22092564

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**c. Mr. Gregg A Davidson FACHE**

Mailing Address P O Box 1376

City

Mount Vernon

State

WA

Zip Code

98273-1376

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Skagit Valley Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 22092565

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert H Malte**

Mailing Address 22527 NE 140th Way

City

Woodinville

State

WA

Zip Code

98077-7340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EvergreenHealth

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 22092566

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Mr. Glen Marshall**

Mailing Address 900 South Auburn Street  
P.O. Box 6128

City

Kennewick

State

WA

Zip Code

99336-5621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Trios Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 22092567

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Russ Myers**

Mailing Address 2908 Shelton Avenue

City

Yakima

State

WA

Zip Code

98902-4073

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yakima Valley Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 22092568

Amount of Each Receipt this Period

500.00

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**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Mary Elizabeth O'Brien**

Mailing Address 17006 NE 30th Avenue

City

Ridgefield

State

WA

Zip Code

98642-8028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PeaceHealth

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : 22092577**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Mr. William G Robertson**

Mailing Address 233 St. Helens Avenue  
#211

City

Tacoma

State

WA

Zip Code

98402-2583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MultiCare Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : 22092578**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Ms. Cassie Sauer**

Mailing Address 300 Elliott Avenue West  
Suite 300

City

Seattle

State

WA

Zip Code

98119-4198

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington State Hospital Association

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

**Transaction ID : 22092579**

Amount of Each Receipt this Period

750.00

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2250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Jon D Smiley**

Mailing Address 1012 South Third Street

City

Dayton

State

WA

Zip Code

99328-1606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbia County Health System

Occupation

Interim Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 22092580

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Nancy Steiger RN, FACHE**

Mailing Address 2901 Squalicum Parkway

City

Bellingham

State

WA

Zip Code

98225-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PeaceHealth St. Joseph Medical Center

Occupation

Chief Executive Officer and Chief Miss

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 21 / 2014

Transaction ID : 22092581

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Ms. Kathleen B Heatwole**

Mailing Address 637 Locust Ave

City

Waynesboro

State

VA

Zip Code

22980-4416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Augusta Health

Occupation

Vice President Planning and Marketing

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 23 / 2014

Transaction ID : 22092675

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Scott A Miller**

Mailing Address 1521 Sea Breeze Tr

City

Virginia Beach

State

VA

Zip Code

23452-4742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

**Transaction ID : 22092676**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms. Deborah Addo**

Mailing Address 63 Lionheart Terrace

City

Falling Waters

State

WV

Zip Code

25419-3743

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Health System

Occupation

Chief Executive Officer and SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

**Transaction ID : 22092678**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. David L Brash**

Mailing Address 1990 Holton Avenue East

City

Big Stone Gap

State

VA

Zip Code

24219-3350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellmont Lonesome Pine Hospital

Occupation

Interim President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

**Transaction ID : 22092679**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Joel Bundy**

Mailing Address 2245 Santa Fe Arch

City

Virginia Beach

State

VA

Zip Code

23456-6741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara CarePlex Hospital

Occupation

Vice President of Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

**Transaction ID : 22092680**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Anthony Burchard**

Mailing Address 6115 Beech Tree Drive

City

Alexandria

State

VA

Zip Code

22310-2240

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Health System

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

**Transaction ID : 22092681**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Ms. Genemarie McGee RN, MS**

Mailing Address 830 Kempsville Rd

City

Norfolk

State

VA

Zip Code

23502-3920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

**Transaction ID : 22092683**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Megan R Perry**

Mailing Address 2300 Opitz Boulevard

City

Woodbridge

State

VA

Zip Code

22191-3311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Northern Virginia Medical Cent

Occupation

Corporate Vice President and President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 22092685

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr Chuck Sawyers**

Mailing Address 260 Meadow Dr

City

Christiansburg

State

VA

Zip Code

24073-1168

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 22092686

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**c. Ms. Heather S Shepardson**

Mailing Address 1355 S. Main Street

City

Rocky Mount

State

VA

Zip Code

24151-6200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Director Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 22092687

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Adrian Stanton MD**

Mailing Address 5013 Fleming Drive

City

Annandale

State

VA

Zip Code

22003-4110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia Hospital Center - Arlington

Occupation

Vice President/CMO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

Transaction ID : 22092688

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Dr. Patrick Christiansen PhD**

Mailing Address 3300 Gallows Road

City

Falls Church

State

VA

Zip Code

22042-3307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Fairfax Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : 22092690

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr Paul Davenport**

Mailing Address 5733 Salisbury Dr

City

Roanoke

State

VA

Zip Code

24018-3861

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : 22092691

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms Virginia Evans**

Mailing Address 1294 Waldenmar Dr

City

Charlottesville

State

VA

Zip Code

22903-7469

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Centra Health, Inc.

Occupation

General Counsel and Compliance Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : 22092692

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Robert Firestone**

Mailing Address 3513 Chlpada Ct

City

Chesapeake

State

VA

Zip Code

23321-4416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : 22092693

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **C. Mr. William Flattery**

Mailing Address 711 Brookwood Circle

City

Roanoke

State

VA

Zip Code

24019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bedford Memorial Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

Transaction ID : 22092694

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr John Gaul**

Mailing Address 8013 River Falls Dr

City

Potomac

State

MD

Zip Code

20854-3849

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Health System

Occupation

Senior Vice President & General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 27 / 2014

Transaction ID : 22092695

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr Daniel Harrington MD**

Mailing Address 8301 Strathmore Ln

City

Roanoke

State

VA

Zip Code

24019-2237

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Roanoke Community Hospital

Occupation

Vice President for Academic Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 27 / 2014

Transaction ID : 22092696

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**c. Mr. Stephen Haupt**

Mailing Address 587 Holly Hills Drive

City

Altavista

State

VA

Zip Code

24517-3053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Centra Lynchburg General Hospital

Occupation

Director, IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 27 / 2014

Transaction ID : 22092697

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Carolyn Jacques RNC, BS, M**

Mailing Address 1920 Atherholt Road

City

Lynchburg

State

VA

Zip Code

24501-1104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Centra Lynchburg General Hospital

Occupation

Vice President Nursing Operations

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

**Transaction ID : 22092698**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr Matt Johnson**

Mailing Address 103 Raven Stone Ct

City

Lynchburg

State

VA

Zip Code

24503-5500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Centra Health, Inc.

Occupation

VP Medical Affairs

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

**Transaction ID : 22092699**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael Malone**

Mailing Address 11405 Havernen Road

City

Fairfax Station

State

VA

Zip Code

22039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia Hospital Center - Arlington

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

**Transaction ID : 22092700**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1050.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Mary N Mannix FACHE**

Mailing Address P O Box 1000

City

Fishersville

State

VA

Zip Code

22939-1000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Augusta Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

**Transaction ID : 22092701**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms. Betsey Meadows**

Mailing Address 425 Pleasant Point Drive

City

Norfolk

State

VA

Zip Code

23502-5703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

**Transaction ID : 22092702**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr Thomas Nygaard**

Mailing Address 1827 Royal Oak Dr

City

Lynchburg

State

VA

Zip Code

24503-1860

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Centra Health, Inc.

Occupation

Senior Vice President, CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

**Transaction ID : 22092703**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Bert Reese**

Mailing Address 1513 Quail Point Road

City

Virginia Beach

State

VA

Zip Code

23454-3115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Leigh Hospital

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

**Transaction ID : 22092704**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Paul Westbrook**

Mailing Address 11604 Choir Lane

City

Fairfax Station

State

VA

Zip Code

22039-1712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Health System

Occupation

Vice President, Patient Experience

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

**Transaction ID : 22092705**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **C. Mr. John M Dawes FACHE**

Mailing Address 1505 West 3rd Street

City

Sedalia

State

MO

Zip Code

65301-3604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bothwell Regional Health Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

**Transaction ID : 22092710**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Gayle Capozzalo Heil**

Mailing Address 789 Howard Avenue

City

New Haven

State

CT

Zip Code

06519-1304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yale New Haven Health System

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

**Transaction ID : 22093001**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Anthony Dias MBBS, DPM,**

Mailing Address 110 Barnes Road

City

Wallingford

State

CT

Zip Code

06492-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Connecticut Hospital Association

Occupation

Vice President, Data Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2014

**Transaction ID : 22093003**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr. Stuart Markowitz MD**

Mailing Address 66 Berwyn Rd

City

West Hartford

State

CT

Zip Code

06107-1104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hartford Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

**Transaction ID : 22093212**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Christopher M O'Connor**

Mailing Address 1450 Chapel Street

City

New Haven

State

CT

Zip Code

06511-4405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yale New Haven Health System

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2014

**Transaction ID : 22093213**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr. Joel R Reich MD**

Mailing Address 71 Haynes Street

City

Manchester

State

CT

Zip Code

06040-4131

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Manchester Memorial Hospital

Occupation

Senior Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2014

**Transaction ID : 22093214**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Ms. Darlene Stromstad FACHE**

Mailing Address 25 June Street

City

Sanford

State

ME

Zip Code

04073-2621

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Waterbury Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2014

**Transaction ID : 22093216**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Matthew J Severance FACHE**

Mailing Address 316 Calhoun Street

City State Zip Code  
Charleston SC 29401-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roper Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

**Transaction ID : 22093247**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mark Dickson**

Mailing Address 1572 Cypress Pt Dr

City State Zip Code  
Mt Pleasant SC 29466-8717

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roper Hospital

Occupation

Vice President Mission

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

**Transaction ID : 22093248**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Mr. Greg Edwards**

Mailing Address 787 Shell Sand Cir

City State Zip Code  
Charleston SC 29412-4347

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours St. Francis Xavier Hospita

Occupation

Vice President and General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 27 / 2014

**Transaction ID : 22093249**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Carolyn Viall Donohue MSN, RN**

Mailing Address 706 Oxfordshire Lane

City State Zip Code  
Chapel Hill NC 27517-6219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roper Hospital

Occupation

Vice President Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 27 2014

**Transaction ID : 22093250**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Allen P Carroll**

Mailing Address 2095 Henry Tecklenburg Drive

City State Zip Code  
Charleston SC 29414-5733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours St. Francis Xavier Hospita

Occupation

Senior Vice President and Chief Execut

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 27 2014

**Transaction ID : 22093251**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Pennie L. Peralta RN, BSN**

Mailing Address 2223 Hunter Creek Drive

City State Zip Code  
Charleston SC 29414-6705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roper Hospital

Occupation

Vice President of Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 27 2014

**Transaction ID : 22093252**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Michael J Schwartz**

Mailing Address 2221 Preet Street

City

Sumter

State

SC

Zip Code

29150-5915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tuomey Healthcare System

Occupation

Interim Chief Executive Officer and Pr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 27 / 2014

Transaction ID : 22093253

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Edmond R. Jordan**

Mailing Address 201 Graylyn Drive

City

Anderson

State

SC

Zip Code

29621-1985

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AnMed Health Medical Center

Occupation

Director of Urgent Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 27 / 2014

Transaction ID : 22093259

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. William T Manson III**

Mailing Address 800 N. Fant St.

City

Anderson

State

SC

Zip Code

29621-5708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AnMed Health Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 27 / 2014

Transaction ID : 22093260

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Paul F Johnson**

Mailing Address 5665 Peachtree Dunwoody Road NE

City State Zip Code  
 Atlanta GA 30342-1701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greenville Memorial Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : 22093262**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Bret Johnson**

Mailing Address 316 Calhoun Street

City State Zip Code  
 Charleston SC 29401-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bon Secours St. Francis Xavier Hospita

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : 22093264**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Mr. David L. Dunlap FACHE**

Mailing Address 125 Doughty Street  
 Suite 760

City State Zip Code  
 Charleston SC 29403-5736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roper Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : 22093265**

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Steven D Shapiro MD**

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Roper Hospital

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 27 / 2014

Transaction ID : 22093266

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jerry A Parrish**

Mailing Address 800 North Fant Street

City

Anderson

State

SC

Zip Code

29621-5708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AnMed Health Medical Center

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 27 / 2014

Transaction ID : 22093270

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jeffrey Korsmo**

Mailing Address 2026 Telemark Ct NW

City

Rochester

State

MN

Zip Code

55901-2432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Via Christi Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 29 / 2014

Transaction ID : 22093462

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Genette Nicholas**

Mailing Address 1001 West 58th Street

City

Kansas City

State

MO

Zip Code

64113-1232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Mercy Hospitals and Clinics

Occupation

Vice President Director Government Rel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 29 / 2014

Transaction ID : 22093471

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Mr. Bill Arnold**

Mailing Address 24 Sherbrooke Drive

City

Florham Park

State

NJ

Zip Code

07932-2816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Monmouth Medical Center, Long Branch C

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

10 / 24 / 2014

Transaction ID : 22093874

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

**C. Mr. Thomas A Biga**

Mailing Address 29 Highand Avenue

City

Fair Haven

State

NJ

Zip Code

07704-3620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

Executive Vice President Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

10 / 24 / 2014

Transaction ID : 22093877

Amount of Each Receipt this Period

650.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1002.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Stephanie L Bloom FACHE**

Mailing Address 109 Rowan Court

City

Manahawkin

State

NJ

Zip Code

08050-2900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Community Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : 22093879

Amount of Each Receipt this Period

260.00

Full Name (Last, First, Middle Initial)

**B. Belinda Brown Cooper**

Mailing Address 121 Clear Creek Road

City

Langhorne

State

PA

Zip Code

19047-2306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : 22093887

Amount of Each Receipt this Period

19.50

Full Name (Last, First, Middle Initial)

**C. Ms. Theresa L. Edelstein**

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	24	/	2014

Transaction ID : 22093893

Amount of Each Receipt this Period

32.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

312.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Erich Florentine**

Mailing Address 9 Wyncraft Drive

City

Woodbine

State

NJ

Zip Code

08270-3503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inspira Medical Center-Vineland

Occupation

Chief People Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

**Transaction ID : 22093897**

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

**B. Mr. Matthew Fulton**

Mailing Address 125 Oak Ridge Avenue

City

Summit

State

NJ

Zip Code

07901-4308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

**Transaction ID : 22093898**

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

**C. Mr. Michael Guerriero**

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.35

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

**Transaction ID : 22093900**

Amount of Each Receipt this Period

46.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

501.15

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Alexander J Hatala FACHE**

Mailing Address 1 Lucas Court

City

Mount Laurel

State

NJ

Zip Code

08054-4805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Our Lady of Lourdes Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2014			

**Transaction ID : 22093902**

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

**B. Mr. Leslie D Hirsch FACHE**

Mailing Address 28 MacKenzie Lane North

City

Denville

State

NJ

Zip Code

07834-2954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Clare's Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

942.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2014			

**Transaction ID : 22093903**

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

**C. Mr. Sean J. Hopkins**

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			24			2014			

**Transaction ID : 22093905**

Amount of Each Receipt this Period

46.04

**SUBTOTAL** of Receipts This Page (optional)..... ►

826.04

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Neil Hudes**

Mailing Address 25 Ditmans Circle

City

Hillsborough

State

NJ

Zip Code

08844-4533

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hunterdon Medical Center

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

**Transaction ID : 22093907**

Amount of Each Receipt this Period

585.00

Full Name (Last, First, Middle Initial)

**B. Ms. Sarah Lechner**

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

**Transaction ID : 22093916**

Amount of Each Receipt this Period

52.00

Full Name (Last, First, Middle Initial)

**C. Mr. David W. McClung**

Mailing Address 11 Hialeah Drive

City

Colts Neck

State

NJ

Zip Code

07722-1214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 24 / 2014

**Transaction ID : 22093920**

Amount of Each Receipt this Period

227.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

864.50

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David Mebane**

Mailing Address 712 Forest Avenue

City

Westfield

State

NJ

Zip Code

07090-4323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Monmouth Medical Center, Southern Camp

Occupation

Vice President Legal Affairs

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2014

**Transaction ID : 22093922**

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

**B. Mr. Barry Ostrowsky**

Mailing Address 448 Harding Drive

City

South Orange

State

NJ

Zip Code

07079-1319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2014

**Transaction ID : 22093926**

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

**C. Mr. Roger D. Sarao Jr.**

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP Health Economics

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		24		2014

**Transaction ID : 22093933**

Amount of Each Receipt this Period

32.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

910.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Linda A Savino MS**

Mailing Address 2 Centre Plaza

City

Tinton Falls

State

NJ

Zip Code

07724-9744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rehabilitation Hospital of Tinton Fall

Occupation

Chief Executive Officer

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

Transaction ID : 22093934

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

**B. Mr. David Skillinge**

Mailing Address 1636 Rosalie Drive

City

Hellertown

State

PA

Zip Code

18055-3042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hunterdon Medical Center

Occupation

Vice President

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

Transaction ID : 22093936

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

**C. Mr. John Slotman**

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP, GME and Teaching Hospital Issues

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

499.20

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

Transaction ID : 22093937

Amount of Each Receipt this Period

59.80

SUBTOTAL of Receipts This Page (optional)..... ▶

937.30

TOTAL This Period (last page this line number only)..... ▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Keith Boroch**

Mailing Address 5440 Weyhill Lane

City

Doylestown

State

PA

Zip Code

18902-8701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

10 / 31 / 2014

Transaction ID : 22093962

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

**B. Belinda Brown Cooper**

Mailing Address 121 Clear Creek Road

City

Langhorne

State

PA

Zip Code

19047-2306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

10 / 31 / 2014

Transaction ID : 22093969

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

**C. Ms. Theresa L. Edelstein**

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

10 / 31 / 2014

Transaction ID : 22093974

Amount of Each Receipt this Period

19.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

351.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Michael Guerriero**

Mailing Address 760 Alexander Road

City  
Princeton

State  
NJ

Zip Code  
08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.50

Date of Receipt

10 / 31 / 2014

Transaction ID : 22093977

Amount of Each Receipt this Period

33.15

Full Name (Last, First, Middle Initial)

**B. Mr. Leslie D Hirsch FACHE**

Mailing Address 28 MacKenzie Lane North

City  
Denville

State  
NJ

Zip Code  
07834-2954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Clare's Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1072.50

Date of Receipt

10 / 31 / 2014

Transaction ID : 22093979

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

**C. Mr. Sean J. Hopkins**

Mailing Address 6180 Lower Mountain Road

City  
New Hope

State  
PA

Zip Code  
18938-5760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.40

Date of Receipt

10 / 31 / 2014

Transaction ID : 22093980

Amount of Each Receipt this Period

33.04

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

196.19

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Sarah Lechner**

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

468.00

Date of Receipt

10 / 31 / 2014

Transaction ID : 22093988

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

**B. Mr. Roger D. Sarao Jr.**

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP Health Economics

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

10 / 31 / 2014

Transaction ID : 22094001

Amount of Each Receipt this Period

19.50

Full Name (Last, First, Middle Initial)

**C. Mr. John Slotman**

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP, GME and Teaching Hospital Issues

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

546.00

Date of Receipt

10 / 31 / 2014

Transaction ID : 22094004

Amount of Each Receipt this Period

46.80

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

105.30

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Michael G Ankin MD**

Mailing Address 660 North Westmoreland Road

City

Lake Forest

State

IL

Zip Code

60045-1659

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern Lake Forest Hospital

Occupation

Vice President Medical Affairs & Chief

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : 22094033**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. John Bomher**

Mailing Address 1151 E. Warrenville Road

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Illinois Hospital Association

Occupation

Senior Vice President, Health Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : 22094035**

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**c. Mr. Brad Copple**

Mailing Address P O Box 707

City

Dekalb

State

IL

Zip Code

60115-0707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kishwaukee Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : 22094053**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Bruce M Elegant**

Mailing Address 520 South Maple Avenue

City

Oak Park

State

IL

Zip Code

60304-1097

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rush Oak Park Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : 22094057**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Matthew J Flynn**

Mailing Address 660 North Westmoreland Road

City

Lake Forest

State

IL

Zip Code

60045-1659

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern Lake Forest Hospital

Occupation

Senior Vice President and Chief Financ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : 22094060**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Dr. Kamala Ghaey**

Mailing Address 219 Central Avenue

City

Chicago

State

IL

Zip Code

60630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Illinois Masonic Medical Cent

Occupation

Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : 22094062**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Scott Hendrie CFA**

Mailing Address 611 West Park Street

City

Urbana

State

IL

Zip Code

61801-2500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carle Foundation Hospital

Occupation

Director - Accounting & Treasury Servi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 30 / 2014

Transaction ID : 22094064

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Gary E Kaatz**

Mailing Address 2400 North Rockton Avenue

City

Rockford

State

IL

Zip Code

61103-3692

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockford Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

10 / 30 / 2014

Transaction ID : 22094068

Amount of Each Receipt this Period

850.00

Full Name (Last, First, Middle Initial)

**c. Ms. Colleen Kannaday FACHE**

Mailing Address P O Box 2850

City

Bloomington

State

IL

Zip Code

61702-2850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate BroMenn Medical Center

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 30 / 2014

Transaction ID : 22094069

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Susan Nordstrom Lopez**

Mailing Address 836 West Wellington Avenue

City

Chicago

State

IL

Zip Code

60657-5147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Illinois Masonic Medical Cent

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 30 / 2014

Transaction ID : 22094071

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Julie D Mann**

Mailing Address 403 E 1st St

City

Dixon

State

IL

Zip Code

61021-3116

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Katherine Shaw Bethea Hospital

Occupation

Vice President, Administrative Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 30 / 2014

Transaction ID : 22094072

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. James Mladucky**

Mailing Address 1748 Marion Court

City

Wheaton

State

IL

Zip Code

60187-3319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern Memorial Hospital

Occupation

Director, Planning and Design

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 30 / 2014

Transaction ID : 22094078

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Dominic Nakis**

Mailing Address 2268 River Woods Drive

City  
Naperville

State Zip Code  
IL 60565-6351

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : 22094079**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Ms. Laura Neiberg**

Mailing Address 362 Satinwood Court North

City  
Buffalo Grove

State Zip Code  
IL 60089-6611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Good Samaritan Hospital

Occupation

Director, Community & Org Health and R

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : 22094080**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Marsha Oberrieder**

Mailing Address 275 Noble Circle

City  
Vernon Hills

State Zip Code  
IL 60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwestern Lake Forest Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

**Transaction ID : 22094082**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

875.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Patricia Skriba**

Mailing Address 28 W 675 National Rd

City

West Chicago

State

IL

Zip Code

60185

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Good Samaritan Hospital

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
10 / 30 / 2014

**Transaction ID : 22094083**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Mr. Randy A. Varju**

Mailing Address 605 Ridgefield Road

City

New Lenox

State

IL

Zip Code

60451-3339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Chief Development Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
10 / 30 / 2014

**Transaction ID : 22094086**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Kevin J Sexton**

Mailing Address 811 Woodside Parkway

City

Silver Spring

State

MD

Zip Code

20910-4275

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Holy Cross Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

MM / DD / YYYY  
10 / 31 / 2014

**Transaction ID : 22094776**

Amount of Each Receipt this Period

255.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

655.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Don Toussaint**

Mailing Address 2113 NE 55 Avenue

City

Portland

State

OR

Zip Code

97213-2622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Legacy Health

Occupation

Vice President Laboratory Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : 22095067**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Roy G Vinyard FACHE**

Mailing Address 2650 Siskiyou Boulevard, Suite 200

City

Medford

State

OR

Zip Code

97504-8170

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Asante Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : 22095068**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Duncan Neilson**

Mailing Address 17506 SE Walta Vista Dr

City

Milwaukie

State

OR

Zip Code

97267-5547

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Legacy Health

Occupation

Clinical Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : 22095069**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Everett Newcomb III**

Mailing Address 1930 SW River Dr #105

City

Portland

State

OR

Zip Code

97201-8054

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Legacy Health

Occupation

Sr Vice President Medical Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : 22095070**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms. Susan Mullaney**

Mailing Address 1965 SW Carter Lane

City

Portland

State

OR

Zip Code

97201-2478

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Vice President, Hospital Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : 22095071**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr. Anthony Melaragno MD**

Mailing Address 1231 NE Siskiyou Street

City

Portland

State

OR

Zip Code

97212-2222

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Legacy Health

Occupation

Vice President, Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : 22095073**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Wayne Clark**

Mailing Address 7555 SW Afton Lane

City  
Tigard

State  
OR

Zip Code  
97224-7680

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Legacy Health

Occupation

VP, Community Relations & Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : 22095074**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Dr. John Jay Kenagy PhD**

Mailing Address 1801 Lind Avenue SW, 9016

City  
Renton

State  
WA

Zip Code  
98057-3368

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Legacy Meridian Park Medical Center

Occupation

Senior Vice President and Chief Inform

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : 22095075**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Jonathan Avery**

Mailing Address 2211 Northeast 139th Street

City  
Vancouver

State  
WA

Zip Code  
98686-2742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Legacy Good Samaritan Hospital and Med

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : 22095076**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Alan R. Yordy**

Mailing Address 1915 SE 34th, Suite 106, Box 246

City State Zip Code  
 Camas WA 98607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PeaceHealth

Occupation

President and Chief Mission Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2014

**Transaction ID : 22095077**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Jenny Ulum**

Mailing Address 975 Oak  
 Suite 610

City State Zip Code  
 Eugene OR 97401-3152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PeaceHealth Sacred Heart Medical Cente

Occupation

Director Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2014

**Transaction ID : 22095082**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Ms. MaryAnne McMurren RN**

Mailing Address 1355 Ravenwood Drive

City State Zip Code  
 Eugene OR 97401-1912

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PeaceHealth Cottage Grove Community Me

Occupation

Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 31 2014

**Transaction ID : 22095083**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1200.00

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Timothy Herrmann**

Mailing Address 1965 Alder Street

City Eugene State OR Zip Code 97405-2937

FEC ID number of contributing federal political committee.

C

Name of Employer

PeaceHealth Sacred Heart Medical Cente

Occupation

Chief Nurse Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 31 / 2014

Transaction ID : 22095084

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Rand O'Leary**

Mailing Address 2333 Biddle Avenue

City Wyandotte State MI Zip Code 48192-4668

FEC ID number of contributing federal political committee.

C

Name of Employer

PeaceHealth Sacred Heart Medical Cente

Occupation

Hospital Chief Administrative Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 31 / 2014

Transaction ID : 22095085

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Ms. Mary Elizabeth O'Brien**

Mailing Address 17006 NE 30th Avenue

City Ridgefield State WA Zip Code 98642-8028

FEC ID number of contributing federal political committee.

C

Name of Employer

PeaceHealth

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

10 / 31 / 2014

Transaction ID : 22095086

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Cindy Mayo RN, FACHE**

Mailing Address PO Box 1639

City

Chehalis

State

WA

Zip Code

98532-0400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence Medford Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : 22095091

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms Cheryl Wolfe**

Mailing Address 252 Muirfield Ave SE

City

Salem

State

OR

Zip Code

97306-8594

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Salem Health

Occupation

Chief Operations Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : 22095092

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Ms Toni Spencer**

Mailing Address 2811 N 3300 W

City

Moore

State

ID

Zip Code

83255-5003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lost Rivers Medical Center

Occupation

Chairwoman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

Transaction ID : 22098452

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James L Angle FACHE**

Mailing Address P O Box 5596

City

Twin Falls

State

ID

Zip Code

83303-5596

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Luke's Magic Valley Medical Center

Occupation

Regional Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : 22098457**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Mr. B J Swanson**

Mailing Address 1121 Lamb Road

City

Troy

State

ID

Zip Code

83871-9619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gritman Medical Center

Occupation

Board Chair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : 22098458**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Ms Janie G Nirk**

Mailing Address 1010 S. Brincken Rd

City

Potlatch

State

ID

Zip Code

83855-9764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gritman Medical Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : 22098460**

Amount of Each Receipt this Period

20.00

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**TOTAL** This Period (last page this line number only)..... ►

120.00



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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Gary Fletcher**

Mailing Address 190 East Bannock Street

City

Boise

State

ID

Zip Code

83712-6241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Luke's Health System

Occupation

Chief Operating Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 31 / 2014

Transaction ID : 22098531

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Mr. Jon Ness**

Mailing Address 1682 Tullis Drive

City

Coeur D Alene

State

ID

Zip Code

83815-8481

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kootenai Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

520.00

Date of Receipt

10 / 31 / 2014

Transaction ID : 22098533

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Mr. Robert J Brody**

Mailing Address 1805 Braeburn Drive

City

Carmel

State

IN

Zip Code

46032-8364

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Franciscan St. Francis Health - Indian

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 04 / 2014

Transaction ID : 22099007

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

320.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert D Campbell Jr.**

Mailing Address 982 East Columbia Street

City

Colville

State

WA

Zip Code

99114-3316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence Mount Carmel Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2014

**Transaction ID : 22099055**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Ms. Carol Aaron**

Mailing Address 2534 NE Regents

City

Portland

State

OR

Zip Code

97212-1534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PeaceHealth

Occupation

Senior Vice President, Culture &amp; Peopl

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2014

**Transaction ID : 22099070**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. June Altaras RN, MN**

Mailing Address 747 Broadway

City

Seattle

State

WA

Zip Code

98122-4379

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Swedish Health Services

Occupation

Nurse Executive

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2014

**Transaction ID : 22099071**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

550.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. James R Barnhart**

Mailing Address 1049 San Juan Valley Road

City

Friday Harbor

State

WA

Zip Code

98250-8806

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PeaceHealth Peace Island Medical Cente

Occupation

Chief Administrator Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 04 / 2014

**Transaction ID : 22099072**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Robert A Caplan**

Mailing Address 1100 Ninth Avenue

City

Seattle

State

WA

Zip Code

98101-2756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

Medical Director of Quality

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 04 / 2014

**Transaction ID : 22099073**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr. Jeff Collins MD**

Mailing Address 2515 East 39th Avenue

City

Spokane

State

WA

Zip Code

99223-4534

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence Sacred Heart Medical Center

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 04 / 2014

**Transaction ID : 22099078**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Barbara Hyland-Hill**

Mailing Address 19400 4th Place SW

City

Normandy Park

State

WA

Zip Code

98166-4167

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Group Health Cooperative/Central Hosp

Occupation

Director, Nursing Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 04 / 2014

**Transaction ID : 22099079**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Marcia Johnson**

Mailing Address 33208 6th Avenue SW

City

Federal Way

State

WA

Zip Code

98023-6179

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MultiCare Good Samaritan Hospital

Occupation

Vice President, Patient Care Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 04 / 2014

**Transaction ID : 22099080**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr Josiah Johnson**

Mailing Address 5111 NW 141st St

City

Vancouver

State

WA

Zip Code

98685-1584

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PeaceHealth Southwest Medical Center

Occupation

CEO, PeaceHealth Columbia Network

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

11 / 04 / 2014

**Transaction ID : 22099081**

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

875.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Chuck Lytle**

Mailing Address 747 Broadway Avenue

City  
Seattle

State  
WA

Zip Code  
98122-4379

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Swedish Health Services

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 04 / 2014

Transaction ID : 22099082

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr Dean Martz**

Mailing Address 1312 East Overbluff Rd

City  
Spokane

State  
WA

Zip Code  
99203-3455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence Sacred Heart Medical Center

Occupation

Director, Governing Board

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 04 / 2014

Transaction ID : 22099091

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms. Rebecca Pohlad**

Mailing Address 4801 Bywood West

City  
Edina

State  
MN

Zip Code  
55436-1306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PeaceHealth Peace Island Medical Cente

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 04 / 2014

Transaction ID : 22099092

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr James Polo**

Mailing Address 5012 Old Stump Drive

City State Zip Code  
 Gig Harbor WA 98332-7801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MultiCare Health System

Occupation

Medical Vice President(Mary Bridge)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 04 / 2014

**Transaction ID : 22099093**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Cassie Sauer**

Mailing Address 300 Elliott Avenue West  
 Suite 300

City State Zip Code  
 Seattle WA 98119-4198

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Washington State Hospital Association

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 04 / 2014

**Transaction ID : 22099094**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Kurt Schley**

Mailing Address 6311 116th Street Ct. NW

City State Zip Code  
 Gig Harbor WA 98332-8692

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Anthony Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 04 / 2014

**Transaction ID : 22099095**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas R Thompson**

Mailing Address 1689 Fairway Drive NE

City

Moses Lake

State

WA

Zip Code

98837-9160

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Samaritan Healthcare

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2014

**Transaction ID : 22099098**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Mr. Thomas W Wilbur**

Mailing Address 714 West Pine Street

City

Newport

State

WA

Zip Code

99156-9046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Newport Hospital and Health Services

Occupation

Chief Executive Officer and Superinten

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2014

**Transaction ID : 22099099**

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**C. Ms. Kim Williams RN, MS, CE**

Mailing Address 2815 Kayak View Pl

City

Camano Island

State

WA

Zip Code

98282-5022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence Regional Medical Center Eve

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2014

**Transaction ID : 22099100**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Dan Harris**

Mailing Address 600 Broadway  
Suite 600

City State Zip Code  
Seattle WA 98122-5397

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Swedish Health Services

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 04 / 2014

Transaction ID : 22099101

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Janet True**

Mailing Address 230 36th Avenue East

City State Zip Code  
Seattle WA 98112-4928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Swedish Health Services

Occupation  
Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 04 / 2014

Transaction ID : 22099102

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Mr. Dale Zender**

Mailing Address 2901 Squalicum Parkway

City State Zip Code  
Bellingham WA 98225-1898

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PeaceHealth St. Joseph Medical Center

Occupation  
Regional Vice President Finance and Ch

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 04 / 2014

Transaction ID : 22099103

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Lucille A Janatka**

Mailing Address P.O. Box 940

City

Woodbury

State

CT

Zip Code

06798-0940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MidState Medical Center

Occupation

President and Chief Executive Officer,

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 05 / 2014

**Transaction ID : 22099188**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. James Staten**

Mailing Address 20 York Street  
1052CB

City

New Haven

State

CT

Zip Code

06510-3220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yale-New Haven Hospital

Occupation

Senior Vice President Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

11 / 05 / 2014

**Transaction ID : 22099217**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Charles E Skillings**

Mailing Address 1102 West MacArthur Street

City

Shawnee

State

OK

Zip Code

74804-1744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Anthony Shawnee Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 04 / 2014

**Transaction ID : 22099328**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Brent Smith CFO**

Mailing Address 3401 W. Gore

City

Lawton

State

OK

Zip Code

73505-6332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Comanche County Memorial Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 04 / 2014

Transaction ID : 22099329

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. John F Bonamo MD, MS**

Mailing Address 3 Northridge Drive

City

Florham Park

State

NJ

Zip Code

07932-1500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2014

Transaction ID : 22099431

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

**c. Dr. John A Brennan MD, MPH**

Mailing Address 3 Castle Court

City

Randolph

State

NJ

Zip Code

07869-2022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Newark Beth Israel Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 07 / 2014

Transaction ID : 22099432

Amount of Each Receipt this Period

975.00

SUBTOTAL of Receipts This Page (optional)..... ►

1550.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Mary Ellen Clyne PhD

Mailing Address 75 Beechwood Circle

City

Hillsborough

State

NJ

Zip Code

08844-1100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 07 / 2014

Transaction ID : 22099434

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

B. Mr. Frank Gelormini

Mailing Address 1233 Fox Hollow Drive

City

Toms River

State

NJ

Zip Code

08755-2181

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

Chief Operating Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 07 / 2014

Transaction ID : 22099436

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

C. Mr. Michael Mimoso FACHE

Mailing Address 12 Ann Drive

City

Rhinebeck

State

NY

Zip Code

12572-2244

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 07 / 2014

Transaction ID : 22099441

Amount of Each Receipt this Period

227.50

SUBTOTAL of Receipts This Page (optional)..... ►

1105.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Katie Holmes**

Mailing Address 300 Elliott Avenue West, Suite 300

City	State	Zip Code
Seattle	WA	98119-4122

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 Washington State Hospital Association

 Occupation  
 Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	21	/	2014

Transaction ID : 22100651

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

**B. Ms. Michele R. Sharp**

Mailing Address 110 Barnes Road

City	State	Zip Code
Wallingford	CT	06492-1802

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 Connecticut Hospital Association

 Occupation  
 Director, Communications and Public Af

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	04	/	2014

Transaction ID : 22100659

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr Spencer F Eccles**

Mailing Address 36 South State Street, 22nd Floor

City	State	Zip Code
Salt Lake City	UT	84111-1624

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 Intermountain Healthcare, Inc.

 Occupation  
 Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	07	/	2014

Transaction ID : 22101208

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1725.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Charles W Sorenson Jr MD**

Mailing Address 36 South State Street, 22nd Floor

City

Salt Lake City

State

UT

Zip Code

84111-1624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Intermountain Healthcare, Inc.

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 22101209

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mark F Dalley**

Mailing Address P.O. Box 759

City

Gunnison

State

UT

Zip Code

84634-0759

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gunnison Valley Hospital

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 22101210

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Lynn W. Olson**

Mailing Address 518 Howard Drive

City

Palmyra

State

MO

Zip Code

63461-2612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hannibal Regional Hospital

Occupation

President and CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 06 / 2014

Transaction ID : 22101216

Amount of Each Receipt this Period

450.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1950.00

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Gary W Pulsipher**

Mailing Address 2613 Waters Edge Boulevard

City  
Joplin

State  
MO

Zip Code  
64804-4881

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Hospital Joplin

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

11 / 06 / 2014

Transaction ID : 22101220

Amount of Each Receipt this Period

425.00

Full Name (Last, First, Middle Initial)

**B. Mr. Richard M Ash**

Mailing Address 450 Eastvold Avenue

City  
Ortonville

State  
MN

Zip Code  
56278-1252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ortonville Area Health Services

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 06 / 2014

Transaction ID : 22101226

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Ms. Mary B Maertens FACHE**

Mailing Address 300 South Bruce Street

City  
Marshall

State  
MN

Zip Code  
56258-3901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Avera Marshall Regional Medical Center

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 06 / 2014

Transaction ID : 22101229

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

575.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Nathan Blad**

Mailing Address 611 East Fairview Avenue

City  
Olivia

State  
MN

Zip Code  
56277-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RC Hospital and Clinics

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

11 / 06 / 2014

**Transaction ID : 22101230**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Ms. Pat DeLong**

Mailing Address 523 North Third Street

City  
Brainerd

State  
MN

Zip Code  
56401-3098

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Essentia Health St. Joseph's Medical C

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2014

**Transaction ID : 22101232**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr. Peter Henry MD**

Mailing Address 523 North Third Street

City  
Brainerd

State  
MN

Zip Code  
56401-3098

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Essentia Health St. Joseph's Medical C

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 06 / 2014

**Transaction ID : 22101235**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Mike Larson**

Mailing Address P O Box 95

City

Red Wing

State

MN

Zip Code

55066-0095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic Health System in Red Wing

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 06 / 2014

**Transaction ID : 22101236**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr. Mark Matthias MD**

Mailing Address 1406 Sixth Avenue North

City

Saint Cloud

State

MN

Zip Code

56303-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CentraCare Health

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2014

**Transaction ID : 22101237**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Dave Pilot**

Mailing Address 404 West Fountain Street

City

Albert Lea

State

MN

Zip Code

56007-2437

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Essentia Health St. Joseph's Medical C

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 06 / 2014

**Transaction ID : 22101239**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

850.00

**TOTAL** This Period (last page this line number only)..... ►



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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Michael Schramm**

Mailing Address 301 Becker Avenue SW

City  
Willmar

State  
MN

Zip Code  
56201-3302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rice Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 06 / 2014

**Transaction ID : 22101240**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Mr Arlen K Jarrett MD**

Mailing Address 1050 East South Temple

City

Salt Lake City

State

UT

Zip Code

84102-1507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IASIS Healthcare

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 07 / 2014

**Transaction ID : 22101821**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mr. David Winslow**

Mailing Address 33 Fuller Road

City

Augusta

State

ME

Zip Code

04330-4910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maine Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 10 / 2014

**Transaction ID : 22101824**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Matthew Gibson**

Mailing Address 5303 Pueblo Road

City

Louisville

State

KY

Zip Code

40207-1617

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KentuckyOne

Occupation

Vice President Strategy &BD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 10 / 2014

Transaction ID : 22101832

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Ms. Ruth W Brinkley**

Mailing Address 222 E. Witherspoon  
#1104

City

Louisville

State

KY

Zip Code

40202-6308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KentuckyOne

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 10 / 2014

Transaction ID : 22101833

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Mary H Boosalis**

Mailing Address One Wyoming Street

City

Dayton

State

OH

Zip Code

45409-2722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier Health Partners

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 11 / 2014

Transaction ID : 22102027

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Stanley R Korducki**

Mailing Address 950 West Wooster Street

City State Zip Code  
 Bowling Green OH 43402-2603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Wood County Hospital

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 11 / 2014

**Transaction ID : 22102041**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

## **B. Mr Bill Benoit**

Mailing Address 809 Stonehaven Circle

City State Zip Code  
 Hudson OH 44236-1272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 University Hospitals

Occupation  
 VP, Rehabilitation Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 11 / 2014

**Transaction ID : 22102046**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Jeffrey L. Wyler**

Mailing Address 3200 Burnet Avenue

City State Zip Code  
 Cincinnati OH 45229-3099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 UC Health

Occupation  
 Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 11 / 2014

**Transaction ID : 22102074**

Amount of Each Receipt this Period

250.00

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1250.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Elizabeth Demarco Novak**

Mailing Address 3531 Thornapple Lane

City

State

Zip Code

Pepper Pike

OH

44124-5539

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

University Hospitals Case Medical Cent

Vice President and Chief Financial Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 11 / 2014

**Transaction ID : 22102075**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. James M Sudimack MD**

Mailing Address 2774 Timber Creek Dr. N

City

State

Zip Code

Cortland

OH

44410-1756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Ohio Hospital Association

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 11 / 2014

**Transaction ID : 22102082**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Mr. Stephen M. Ahnen**

Mailing Address 125 Airport Road

City

State

Zip Code

Concord

NH

03301-7300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

New Hampshire Hospital Association

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

11 / 13 / 2014

**Transaction ID : 22102179**

Amount of Each Receipt this Period

45.50

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**TOTAL** This Period (last page this line number only)..... ►

795.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. John M Murphy MD**

Mailing Address 24 Hospital Avenue

City

Danbury

State

CT

Zip Code

06810-6099

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western Connecticut Health Network

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 13 / 2014

Transaction ID : 22102184

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Richard D'Aquila**

Mailing Address 789 Howard Avenue

City

New Haven

State

CT

Zip Code

06519-1304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yale-New Haven Hospital

Occupation

President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

11 / 13 / 2014

Transaction ID : 22102185

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Ms. Meghan Allen**

Mailing Address 4824 Leland Street

City

Chevy Chase

State

MD

Zip Code

20815-6207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

Vice President, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

11 / 13 / 2014

Transaction ID : 22102199

Amount of Each Receipt this Period

255.00

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2255.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Nora E. Hoban**

Mailing Address 8620 Stonehouse Drive

City

Ellicott City

State

MD

Zip Code

21043-1954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

Senior Vice President, Policy & Data A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

11 / 13 / 2014

Transaction ID : 22102202

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

**B. William McCone**

Mailing Address 263 Capote Ct E

City

Severna Park

State

MD

Zip Code

21146-2130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

11 / 13 / 2014

Transaction ID : 22102204

Amount of Each Receipt this Period

255.00

Full Name (Last, First, Middle Initial)

**C. Ms. Nicole Stallings**

Mailing Address 5600 Olde Covington Ct.

City

Glen Allen

State

VA

Zip Code

23059-5697

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

11 / 13 / 2014

Transaction ID : 22102208

Amount of Each Receipt this Period

255.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

765.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Eric R Wagner**

Mailing Address 711 East Timber Branch Parkway

City

Alexandria

State

VA

Zip Code

22302-3619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MedStar Health

Occupation

EVP, External Affairs and Diversified

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 13 / 2014

Transaction ID : 22102209

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

**B. Ms Carolyn L McKenna**

Mailing Address 51 Bony View Rd

City

West Hartford

State

CT

Zip Code

06107-3402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western Connecticut Health Network

Occupation

Sr. VP Public Affairs&amp; General Counsel

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 14 / 2014

Transaction ID : 22102768

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Dr. Jeffrey P DiLisi**

Mailing Address 1861 Amberwood Manor

City

Vienna

State

VA

Zip Code

22182-3102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia Hospital Center - Arlington

Occupation

Vice President and Chief Medical Office

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 13 / 2014

Transaction ID : 22102784

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1210.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Pat Evans**

Mailing Address 2312 Haversham Close

City State Zip Code  
 Virginia Beach VA 23454-1153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Healthcare

Occupation

HR Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 13 / 2014

**Transaction ID : 22102785**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **B. Mr Steven Mandell**

Mailing Address PO Box 1275

City State Zip Code  
 Bowling Green VA 22427-1275

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mary Washington Hospital

Occupation

Senior Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 13 / 2014

**Transaction ID : 22102787**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Mike Rozmus**

Mailing Address 2010 Health Campus Drive

City State Zip Code  
 Harrisonburg VA 22801-3293

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara RMH Medical Center

Occupation

Director Information Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 13 / 2014

**Transaction ID : 22102788**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00



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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. James Santry**

Mailing Address 803 Park Ave

City

Herndon

State

VA

Zip Code

20170-3214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Inova Health System

Occupation

Senior Vice President Business Develop

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 13 / 2014

**Transaction ID : 22102789**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Mark Hetz**

Mailing Address 11 Bel Air Ct

City

Medford

State

OR

Zip Code

97504-8170

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Asante Health System

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 14 / 2014

**Transaction ID : 22102807**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Patrick Hocking**

Mailing Address 1562 Cypress Point Dr

City

Medford

State

OR

Zip Code

97504-9073

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Asante Health System

Occupation

Chief Administrator and Finance Office

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 14 / 2014

**Transaction ID : 22102808**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Lori Morgan MD**

Mailing Address 2801 North Gantenbein Avenue

City

Portland

State

OR

Zip Code

97227-1623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Legacy Emanuel Hospital and Health Cen

Occupation

Chief Administrative Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 14 / 2014

**Transaction ID : 22102810**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr. Lewis Low MD**

Mailing Address 9222 NW Murdock

City

Portland

State

OR

Zip Code

97229-8087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Legacy Health

Occupation

Senior Vice President and Chief Medica

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

11 / 14 / 2014

**Transaction ID : 22102811**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Linda Hoff**

Mailing Address 1900 SW River Dr

City

Portland

State

OR

Zip Code

97201-8043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Legacy Mount Hood Medical Center

Occupation

Senior Vice President and Chief Financ

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 14 / 2014

**Transaction ID : 22102812**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Fred E. Coleman**

Mailing Address 14505 NW 52nd Ct

City

Vancouver

State

WA

Zip Code

98685-0511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Legacy Health

Occupation

Medical Director, Surgical Specialty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 14 / 2014

**Transaction ID : 22102813**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Stacy Barstad**

Mailing Address 251 Fifth Street East

City

Tracy

State

MN

Zip Code

56175-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sanford Tracy Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2014

**Transaction ID : 22102827**

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**C. Mr. Steve Underdahl**

Mailing Address 2000 North Avenue

City

Northfield

State

MN

Zip Code

55057-1498

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northfield Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 17 / 2014

**Transaction ID : 22102829**

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

865.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Donald J Babb**

Mailing Address P.O. Box 12

City  
Bolivar

State  
MO

Zip Code  
65613-0012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Citizens Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

11 / 17 / 2014

Transaction ID : 22102966

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

**B. Mr. Ryan K Smith**

Mailing Address PO Box 438

City  
Douglas

State  
WY

Zip Code  
82633-0438

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Hospital of Converse County

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

11 / 17 / 2014

Transaction ID : 22103000

Amount of Each Receipt this Period

62.50

Full Name (Last, First, Middle Initial)

**C. Mr. Ron O. Purcell**

Mailing Address 1093 N. Faldo Way

City  
Eagle

State  
ID

Zip Code  
83616-5369

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

831.90

Date of Receipt

11 / 17 / 2014

Transaction ID : 22103002

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Vincent Bufalino**

Mailing Address 2025 Windsor Drive

City

Oak Brook

State

IL

Zip Code

60523-1586

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 18 / 2014

Transaction ID : 22104269

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Don Calcagno**

Mailing Address 2025 Windsor Drive

City

Oak Brook

State

IL

Zip Code

60523-1586

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Director, Health Information Svcs.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 18 / 2014

Transaction ID : 22104271

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Mr. James Dan**

Mailing Address 511 Forest Mews

City

Oak Brook

State

IL

Zip Code

60523-2643

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 18 / 2014

Transaction ID : 22104272

Amount of Each Receipt this Period

500.00

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**TOTAL** This Period (last page this line number only)..... ►

1500.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Linda Deering MSN, RN**

Mailing Address 1425 North Randall Road

City

Elgin

State

IL

Zip Code

60123-2300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Sherman Hospital

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 18 / 2014

Transaction ID : 22104273

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms. Debra Didier**

Mailing Address 674 Meyers Road

City

Amboy

State

IL

Zip Code

61310-9650

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Katherine Shaw Bethea Hospital

Occupation

Vice President and Chief Financial Off

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 18 / 2014

Transaction ID : 22104274

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Mr. Michael Englehart**

Mailing Address 12840 Sycamore

City

Palos Heights

State

IL

Zip Code

60463-1939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate South Suburban Hospital

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 18 / 2014

Transaction ID : 22104295

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1375.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Dana Gilbert**

Mailing Address 1041 Butternut Lane

City

Northbrook

State

IL

Zip Code

60062-3510

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Health Care

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 18 / 2014

Transaction ID : 22104297

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Scott Powder**

Mailing Address 1775 Dempster

City

Park Ridge

State

IL

Zip Code

60068-1143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advocate Lutheran General Hospital

Occupation

SVP, Strategic Planning & Growth

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 18 / 2014

Transaction ID : 22104300

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Mike Fitzgerald**

Mailing Address 11315 Bridgeport Way SW

City

Tacoma

State

WA

Zip Code

98499-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Clare Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 18 / 2014

Transaction ID : 22108583

Amount of Each Receipt this Period

250.00

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**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Kimberly Moore MD**

Mailing Address 22 130th Ave SE

City

Bellevue

State

WA

Zip Code

98005-3626

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Franciscan Health System

Occupation

Vice President & Associate CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 18 / 2014

Transaction ID : 22108584

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Vincent Oliver**

Mailing Address 1211 24th Street

City

Anacortes

State

WA

Zip Code

98221-2590

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Island Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 18 / 2014

Transaction ID : 22108585

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Ronald Prill**

Mailing Address 5807 NE El Rey Drive

City

Camas

State

WA

Zip Code

98607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PeaceHealth

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 18 / 2014

Transaction ID : 22108586

Amount of Each Receipt this Period

250.00

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750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. John Vassall MD**

Mailing Address 747 Broadway

City  
Seattle

State  
WA

Zip Code  
98122-4379

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Swedish Health Services

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 18 / 2014

Transaction ID : 22108587

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms Sally Williams**

Mailing Address 1625 SE 84th

City  
Vancouver

State  
WA

Zip Code  
98664-2362

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PeaceHealth Southwest Medical Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 18 / 2014

Transaction ID : 22108588

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr. Gary Kaplan MD, FACP,**

Mailing Address P O Box 900

City  
Seattle

State  
WA

Zip Code  
98111-0900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia Mason Medical Center

Occupation

Chairman and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 18 / 2014

Transaction ID : 22108589

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Lisa Hart**

Mailing Address 429 West Elm Street

City  
Hobart

State  
OK

Zip Code  
73651-1615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Elkview General Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 17 / 2014

**Transaction ID : 22110924**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ms. Lynne Stewart White**

Mailing Address 4000 Lincoln Boulevard

City

Oklahoma City

State

OK

Zip Code

73105-5207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oklahoma Hospital Association

Occupation

Director of Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.50

Date of Receipt

11 / 17 / 2014

**Transaction ID : 22110925**

Amount of Each Receipt this Period

112.50

Full Name (Last, First, Middle Initial)

**C. Belinda Brown Cooper**

Mailing Address 121 Clear Creek Road

City

Langhorne

State

PA

Zip Code

19047-2306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.50

Date of Receipt

11 / 17 / 2014

**Transaction ID : 22111091**

Amount of Each Receipt this Period

6.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

369.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Theresa L. Edelstein**

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

279.50

Date of Receipt

11 / 17 / 2014

Transaction ID : 22111096

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

**B. Mr. Michael Guerriero**

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.00

Date of Receipt

11 / 17 / 2014

Transaction ID : 22111098

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

**C. Mr. Sean J. Hopkins**

Mailing Address 6180 Lower Mountain Road

City

New Hope

State

PA

Zip Code

18938-5760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

414.90

Date of Receipt

11 / 17 / 2014

Transaction ID : 22111099

Amount of Each Receipt this Period

6.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

19.50

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Sarah Lechner**

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.50

Date of Receipt

11 / 17 / 2014

Transaction ID : 22111106

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

**B. Mr. Roger D. Sarao Jr.**

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP Health Economics

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.50

Date of Receipt

11 / 17 / 2014

Transaction ID : 22111113

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

**C. Mr. John Slotman**

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP, GME and Teaching Hospital Issues

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

552.50

Date of Receipt

11 / 17 / 2014

Transaction ID : 22111114

Amount of Each Receipt this Period

6.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

19.50

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Darrell K Terry Sr**

Mailing Address 88 Jessie Way

City

South Orange

State

NJ

Zip Code

07079-2154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Barnabas Health

Occupation

Senior Vice President Operations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	17	/	2014

**Transaction ID : 22111118**

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

**B. Ms. Kay B Cartwright RN, MSN**

Mailing Address 2830 Westminster Avenue

City

Richmond

State

IN

Zip Code

47374-6553

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Reid Hospital &amp; Health Care Services

Occupation

Vice President and CNO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	18	/	2014

**Transaction ID : 22111605**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Thomas J Gryzbek**

Mailing Address 1335 Capri Lane

City

Dyer

State

IN

Zip Code

46311-1324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Franciscan St. Margaret Health - Dyer

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	18	/	2014

**Transaction ID : 22111646**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

727.50

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. David Ruskowski**

Mailing Address 10323 Highgrove Drive

City State Zip Code  
Carmel IN 46032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Franciscan St. Anthony Health - Crown

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 18 2014

**Transaction ID : 22111738**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Kenneth G. Stella**

Mailing Address 4671 Bedford Court

City State Zip Code  
Carmel IN 46033-4647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Indiana Hospital Association

Occupation  
President Emeritus

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 18 2014

**Transaction ID : 22111769**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Gregory J Walker**

Mailing Address 789 Central Avenue

City State Zip Code  
Dover NH 03820-2526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wentworth-Douglass Hospital

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 20 2014

**Transaction ID : 22111834**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Arthur W Nichols**

Mailing Address 84 Bradford Rd

City

Keene

State

NH

Zip Code

03431-1718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cheshire Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 20 / 2014

**Transaction ID : 2211835**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mr. Scott McKinnon**

Mailing Address PO Box 1202

City

Glen

State

NH

Zip Code

03838-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 20 / 2014

**Transaction ID : 2211836**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Henry D Lipman**

Mailing Address 80 Highland Street

City

Laconia

State

NH

Zip Code

03246-3235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lakes Region General Hospital

Occupation

Senior Vice President, Financial Strat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 20 / 2014

**Transaction ID : 2211837**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Cynthia McGuire**

Mailing Address 23 Moose Brook Lane

City

Hancock

State

NH

Zip Code

03449-5513

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Monadnock Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 20 / 2014

**Transaction ID : 22111838**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Ms. Kathy A. Bizarro FACHE**

Mailing Address 544 Upper Straw Rd

City

Hopkinton

State

NH

Zip Code

03229-2023

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 20 / 2014

**Transaction ID : 22111839**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mr. Paul K Duane**

Mailing Address P O Box 2266

City

Columbia

State

SC

Zip Code

29202-2266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palmetto Health Baptist

Occupation

Chief Financial Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 19 / 2014

**Transaction ID : 22111847**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Gregory B Gattman**

Mailing Address 1301 Taylor Street, Suite 9-A

City State Zip Code  
Columbia SC 29201-2963

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palmetto Health Baptist

Occupation

Acute Care Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 19 / 2014

**Transaction ID : 22111849**

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

## **B. Ms. Kathy Johnson**

Mailing Address 1282 Walnut Street

City State Zip Code  
Dawson MN 56232-2333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Johnson Memorial Health Services

Occupation

Chief Executive Officer and Administra

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116088**

Amount of Each Receipt this Period

850.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Frank Lawatsch**

Mailing Address 1815 Wisconsin Avenue

City State Zip Code  
Benson MN 56215-1653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Swift County-Benson Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.50

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116089**

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1070.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Nate Meyer**

Mailing Address 111 17th Avenue East

City

Alexandria

State

MN

Zip Code

56308-3703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Douglas County Hospital

Occupation

Director Finance

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116090**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Briggs W Andrews**

Mailing Address P O Box 13727

City

Roanoke

State

VA

Zip Code

24036-3727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion Clinic

Occupation

Senior Vice President and General Coun

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116108**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

## **C. Mr. James D Dahling**

Mailing Address 601 Children's Lane

City

Norfolk

State

VA

Zip Code

23507-1910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Children's Hospital of The King's Daug

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116111**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1200.00

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Tim Gramann**

Mailing Address 501 Holland LN  
#320

City State Zip Code  
Alexandria VA 22314-3555

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inova Health System

Occupation  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2014

Transaction ID : 22116113

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms Pamela Kane**

Mailing Address PO Box 1334

City State Zip Code  
Fairfax VA 22038-1334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Virginia Hospital Center - Arlington

Occupation  
Vice President, Chief Operation Office

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2014

Transaction ID : 22116114

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr Alfred Nicoll**

Mailing Address 107 44th St

City State Zip Code  
Virginia Beach VA 23451-2505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sentara Healthcare

Occupation  
Vice President, Chief Operation Office

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2014

Transaction ID : 22116118

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Dorka M. Picard MHA, FACHE**

Mailing Address 2300 Opitz Boulevard

City

Woodbridge

State

VA

Zip Code

22191-3311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Northern Virginia Medical Cent

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116119**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Dr. Tim Pike MD**

Mailing Address 5304 Lakeside Ave

City

Virginia Beach

State

VA

Zip Code

23451-2337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sentara Virginia Beach General Hospita

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116120**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr Christopher Rumpf**

Mailing Address 274 Thwaite Lane

City

Winchester

State

VA

Zip Code

22603-3960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Valley Health

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116121**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Rob Vaughan**

Mailing Address 147 Bogey Lane

City  
Salem

State  
VA

Zip Code  
24153-6858

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carilion New River Valley Medical Cent

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116122**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms. Darlene Vrotsos**

Mailing Address 2653 Park Tower Drive

City  
Vienna

State  
VA

Zip Code  
22180-7386

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia Hospital Center - Arlington

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116123**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Mr Mahesh Amin**

Mailing Address 1802 Nottingham Lane

City  
Clearwater

State  
FL

Zip Code  
33764-6411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116190**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Doug Armstrong**

Mailing Address 2535 Rolling View Drive

City

Dunedin

State

FL

Zip Code

34698-2318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Morton Plant Mease Health Care

Occupation

Director, Design & Construction

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

11 / 24 / 2014

Transaction ID : 22116192

Amount of Each Receipt this Period

170.00

Full Name (Last, First, Middle Initial)

## **B. Ms. Margie Atkinson**

Mailing Address 3098 Robinwood Lane

City

Palm Harbor

State

FL

Zip Code

34684-1656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Morton Plant Mease Health Care

Occupation

Director, Pastoral, Ethics, Palliative

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

11 / 24 / 2014

Transaction ID : 22116193

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

## **C. Mr. James S Bacon**

Mailing Address 16255 Bay Vista Drive

City

Clearwater

State

FL

Zip Code

33760-3127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Anthony's Hospital

Occupation

Director Team Resources

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

11 / 24 / 2014

Transaction ID : 22116194

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

420.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms Delphine Ballard**

Mailing Address 10414 Butia Pl

City State Zip Code  
Tampa FL 33618-4118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Joseph's Hospital

Occupation  
Director Rehab

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2014

**Transaction ID : 22116195**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Jimmy Baumgartner**

Mailing Address 2538 West Palm Drive

City State Zip Code  
Tampa FL 33629-7314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Joseph's Hospital

Occupation  
Director-Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2014

**Transaction ID : 22116196**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

## **C. Thomas F Boggs**

Mailing Address 5969 Easy Pace Circle NW

City State Zip Code  
Canton OH 44718-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aultman Hospital

Occupation  
VP Revenue Cycle

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2014

**Transaction ID : 22116197**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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500.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Alan Bomstein**

Mailing Address 620 Drew St

City

Clearwater

State

FL

Zip Code

33755-4108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116354**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Philip Boyce**

Mailing Address 3563 Phillips Highway  
Suite 101

City

Jacksonville

State

FL

Zip Code

32207-5663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Health

Occupation

Senior Vice President Managed Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116355**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Mr. Philip Braun**

Mailing Address PO Box 492256

City

Leesburg

State

FL

Zip Code

34749-2256

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Florida Health Alliance

Occupation

Vice President/General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116356**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

380.00



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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Craig V Brethauer**

Mailing Address 16255 Bay Vista Dr

City

Clearwater

State

FL

Zip Code

33760-3127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Vice President, Team Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116357**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Ronald J Colaguori**

Mailing Address 1200 Seventh Avenue North

City

Saint Petersburg

State

FL

Zip Code

33705-1300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Anthony's Hospital

Occupation

Vice President Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116361**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr Rick Colon**

Mailing Address 16336 Burniston Drive

City

Tampa

State

FL

Zip Code

33647-2763

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Health

Occupation

Board of Trustee Vice-Chair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116364**

Amount of Each Receipt this Period

250.00

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**TOTAL** This Period (last page this line number only)..... ►

750.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Anne Condor**

Mailing Address 2152 W Vina Del Mar

City

St Pete Beach

State

FL

Zip Code

33706-2842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Director Managed Care Decision Support

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116365**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

## **B. Mr Kevin Corrigan**

Mailing Address 2948 Hillcreek Circle So

City

Clearwater

State

FL

Zip Code

33759-1210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Morton Plant Mease Health Care

Occupation

Chief Operations Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116367**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Robert Costello**

Mailing Address 601 Main Street

City

Dunedin

State

FL

Zip Code

34698-5848

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mease Dunedin Hospital

Occupation

Director Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116368**

Amount of Each Receipt this Period

125.00

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500.00

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Denton Crockett**

Mailing Address 16255 Bay Vista Drive

City State Zip Code  
Clearwater FL 33760-3127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BayCare Health System

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2014

**Transaction ID : 22116369**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Mr. Brain Curtiss**

Mailing Address 310 Druid Road West

City State Zip Code  
Clearwater FL 33756-3860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BayCare Health System

Occupation  
Marketing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2014

**Transaction ID : 22116370**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Ms Pamela D'Amore**

Mailing Address 4417 W. Sevilla Street

City State Zip Code  
Tampa FL 33629-8356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Joseph's Hospital

Occupation  
Director, Heart Institute

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2014

**Transaction ID : 22116371**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Saad Ehtisham RN, MBA, M**

Mailing Address 9548 Mid Summer

City

Leesburg

State

FL

Zip Code

34788-3698

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Florida Health Alliance

Occupation

Senior VP and Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116582**

Amount of Each Receipt this Period

280.00

Full Name (Last, First, Middle Initial)

**B. Ms. Keri Eisenbeis**

Mailing Address 163 Barbados Ave

City

Tampa

State

FL

Zip Code

33606-3502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Morton Plant Mease Health Care

Occupation

Director Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116583**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Mr. V. Raymond Ferrara**

Mailing Address 611 Druid Rd E,  
Suite 105

City

Clearwater

State

FL

Zip Code

33756-3948

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Morton Plant Mease Health Care

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116599**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

655.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr Bruce Flareau**

Mailing Address 5847 Long Bayou Way South

City State Zip Code  
Saint Petersburg FL 33708-3550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Morton Plant Hospital

Occupation

Executive Vice President, Physician Sv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2014

**Transaction ID : 22116600**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Eli Freilich**

Mailing Address 1675 Coachmakers Lane

City State Zip Code  
Clearwater FL 33765-1735

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Director, Clinical Performance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2014

**Transaction ID : 22116601**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

## **C. Mr. Lou Galdieri RN, BSN**

Mailing Address PO Box 210, Mail Stop 21

City State Zip Code  
Clearwater FL 33757-0210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mease Countryside Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2014

**Transaction ID : 22116602**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1375.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Kimberly Guy**

Mailing Address 17806 Ridgeway Ct.

City  
Tampa

State  
FL

Zip Code  
33647-2279

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Joseph's Hospital

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116603**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Ms Melonie Hall**

Mailing Address 2707 Falling Leaves Dr

City  
Valrico

State  
FL

Zip Code  
33596-5769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BayCare Health System

Occupation  
Director of System Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116604**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

## **C. Mr Michael Hance**

Mailing Address 530 Winterside Dr

City  
Apollo Beach

State  
FL

Zip Code  
33572-3400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Joseph's Hospital

Occupation  
Director of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116605**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr Gregory Hindahl**

Mailing Address 363 Rosalind Lane

City

Oldsmar

State

FL

Zip Code

34677-4610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Chief Medical Information Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116612**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Ms. Kris Hoce**

Mailing Address 3205 Meadow View Lane

City

Palm Harbor

State

FL

Zip Code

34683-2037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Morton Plant Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116613**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Thomas P. Inzina**

Mailing Address 405 Buttonwood Lane

City

Largo

State

FL

Zip Code

33770-4060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Vice President, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116615**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Sally Jackson**

Mailing Address 2776 Cleveland Avenue

City

Fort Myers

State

FL

Zip Code

33901-5864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lee Memorial Health System

Occupation

System Director Community Project

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116616**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Mr Christopher Jenkins**

Mailing Address 152 Mobbly Bay Dr

City

Oldsmar

State

FL

Zip Code

34677-4014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Vice President Infrastructure & CTO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22116617**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

## **C. Ms Sheila Johnson**

Mailing Address 4824 Tea Rose Court

City

Lutz

State

FL

Zip Code

33558-9005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Joseph's Children's Hospital of Ta

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22123533**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Lisa Johnson RN, MS**

Mailing Address 4456 Fallbrook Blvd

City

Palm Harbor

State

FL

Zip Code

34685-2654

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Morton Plant Mease Health Care

Occupation

Chief Nursing Executive MPM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22123534**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ms Cynthia Jones**

Mailing Address 2920 Sanctuary Circle

City

Lakeland

State

FL

Zip Code

33803-5482

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Vice President, Applications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22123535**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Ms. Diane M. Kazmierski**

Mailing Address 4736 Royal Palm Circle, NE

City

Saint Petersburg

State

FL

Zip Code

33703-3138

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Vice President, Managed Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22123537**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Karen L. Kerr**

Mailing Address 3103 Thackery Court

City State Zip Code  
 Plant City FL 33566-9540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Joseph's Hospital

Occupation

Director, Patient Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

647.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 24 / 2014

**Transaction ID : 22123538**

Amount of Each Receipt this Period

147.00

Full Name (Last, First, Middle Initial)

**B. Mr Lee Kirkman**

Mailing Address 3952 Versailles Dr

City State Zip Code  
 Tampa FL 33634-7425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 24 / 2014

**Transaction ID : 22123556**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Scott Kizer**

Mailing Address 5340 W Kennedy Blvd  
 Unit 609

City State Zip Code  
 Tampa FL 33609-2452

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Morton Plant Mease Health Care

Occupation

Vice President Legal Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 24 / 2014

**Transaction ID : 22123557**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

647.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms Judith Libscomb**

Mailing Address 18535 Bittern Ave

City

Lutz

State

FL

Zip Code

33558-2741

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Reg. VP Materials Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2014

**Transaction ID : 22123560**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Mr John Loewenberg**

Mailing Address 12777 Mariner Ct

City

Palm City

State

FL

Zip Code

34990-8034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Martin Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2014

**Transaction ID : 22123561**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **C. Ms. Lorraine Lutton**

Mailing Address P O Box 4227

City

Tampa

State

FL

Zip Code

33677-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Joseph's Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2014

**Transaction ID : 22123562**

Amount of Each Receipt this Period

430.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

710.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr Gene Marshall**

Mailing Address 3799 Wellington Pkwy

City

Palm Harbor

State

FL

Zip Code

34685-1169

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Joseph's Hospital

Occupation

Board Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22123632**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Mr Jim McClintic**

Mailing Address 219 13th Ave N

City

St Petersburg

State

FL

Zip Code

33701-1121

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Anthony's Rehabilitation Hospital

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22123636**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Ms Arlene McGannon**

Mailing Address 2011 Hawkhurst Circle

City

Sun City Center

State

FL

Zip Code

33573-7303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Joseph's Hospital

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22123637**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

425.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr Terry McLaughlin**

Mailing Address 4307 Gainesborough Court

City  
Tampa

State  
FL

Zip Code  
33624-2601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22123638**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

## **B. Mr Tim McMahon**

Mailing Address 1316 Preservation Way

City  
Oldsmar

State  
FL

Zip Code  
34677-4824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Anthony's Hospital

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22123727**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Mr Michael Mikurak**

Mailing Address 400 Beach Drive NE  
Unit 703

City  
Saint Petersburg

State  
FL

Zip Code  
33701-3065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Board of Trustees

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22123728**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

625.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John E. Mines**

Mailing Address 1991 Killarney Drive

City

Winter Park

State

FL

Zip Code

32789-3527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22123729**

Amount of Each Receipt this Period

1040.00

Full Name (Last, First, Middle Initial)

**B. Ms. Lynn Moseley**

Mailing Address 99 North Anoka Ave

City

Avon Park

State

FL

Zip Code

33825-3301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Executive Director, Home Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22123730**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Mr. Stephen A Nierman**

Mailing Address 3322 Sam Allen Oaks Cir

City

Plant City

State

FL

Zip Code

33564-9058

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Winter Haven Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22123732**

Amount of Each Receipt this Period

280.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1370.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Matthew Novak**

Mailing Address 1705 Hintington Court

City State Zip Code  
 Safety Harbor FL 34695-5636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Morton Plant Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 24 / 2014

**Transaction ID : 22123733**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Mr. Rich Rasmussen**

Mailing Address 405 El Destinado Drive

City State Zip Code  
 Tallahassee FL 32301-1522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Hospital Association

Occupation

VP for Strategic Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1002.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 24 / 2014

**Transaction ID : 22123836**

Amount of Each Receipt this Period

1.00

Full Name (Last, First, Middle Initial)

**C. Ms. Amie Richason**

Mailing Address 33611 Stetson Lane

City State Zip Code  
 Leesburg FL 34788-3735

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Florida Health Alliance

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 24 / 2014

**Transaction ID : 22123838**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

376.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Mark E Robitaille**

Mailing Address P O Box 9010

City  
Stuart

State  
FL

Zip Code  
34995-9010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Martin Health System

Occupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2014

**Transaction ID : 22123839**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Mr. Stewart Schaffer**

Mailing Address 5340 W Kennedy Blvd  
Unit 516

City  
Tampa

State  
FL

Zip Code  
33609-2442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BayCare Health System

Occupation  
Vice President Marketing and Communica

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2014

**Transaction ID : 22123842**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Clint Shouppe**

Mailing Address 45 Davis Blvd  
#10

City  
Tampa

State  
FL

Zip Code  
33606-3459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winter Haven Hospital

Occupation  
Manager Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2014

**Transaction ID : 22128243**

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

425.00



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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Edward Sim**

Mailing Address 12042 Cranefoot Drive

City

Jacksonville

State

FL

Zip Code

32223-4806

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baptist Health

Occupation

President, Physician Integration

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22128246**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. Ms. Patricia Sizemore RN, MA**

Mailing Address 940 Hemingway Circle

City

Tampa

State

FL

Zip Code

33602-5980

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Anthony's Hospital

Occupation

Vice President Patient Care Services

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22128248**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Mr. Daniel Sweeney**

Mailing Address 1706 Huntington Court

City

Safety Harbor

State

FL

Zip Code

34695-5635

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22134972**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

305.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr William Tapp**

Mailing Address 455 16th Avenue NE

City

Saint Petersburg

State

FL

Zip Code

33704-4714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BayCare Health System

Occupation

Board Chair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22134973**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Mr. Tim Thompson**

Mailing Address 16117 Suncrest Shores Dr

City

Odessa

State

FL

Zip Code

33556-3223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Morton Plant Mease Health Care

Occupation

Vice President and Chief Information O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22134974**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

## **C. Mr. William G Ulbricht**

Mailing Address P O Box 12588

City

Saint Petersburg

State

FL

Zip Code

33733-2588

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Anthony's Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22134975**

Amount of Each Receipt this Period

1100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2225.00

**SCHEDULE A (FEC Form 3X)**  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Mark Vaaler MD**

Mailing Address P O Box 4227

City  
TampaState  
FLZip Code  
33677-4227FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Joseph's HospitalOccupation  
Vice President Medical Staff Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

**Transaction ID : 22134976**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mr. Glenn D Waters FACHE**

Mailing Address 8801 Laurel Dr

City

Pinellas Park

State

FL

Zip Code

33782-4305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morton Plant Mease Health CareOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

**Transaction ID : 22138676**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Dr. Allen S Weiss MD**Mailing Address 1221 Gulf Shore Blvd N  
Apt 2

City

Naples

State

FL

Zip Code

34102-4922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NCH Downtown Naples HospitalOccupation  
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

**Transaction ID : 22138678**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1280.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Cathy Yoder**

Mailing Address P O Box 4227

City  
Tampa

State  
FL

Zip Code  
33677-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Joseph's Hospital

Occupation  
Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22138682**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Mr. Hal Ziecheck**

Mailing Address 2962 Westcott Drive

City

Palm Harbor

State

FL

Zip Code

34684-1628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morton Plant North Bay Hospital

Occupation  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22138685**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Christopher A Chekouras**

Mailing Address 483 Atsion road

City

Shamong

State

NJ

Zip Code

08088-8942

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virtua Health

Occupation

Vice President and Chief Operating Off

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22164004**

Amount of Each Receipt this Period

650.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

975.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Belinda Brown Cooper**

Mailing Address 121 Clear Creek Road

City

Langhorne

State

PA

Zip Code

19047-2306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

11 / 24 / 2014

Transaction ID : 22164012

Amount of Each Receipt this Period

6.50

Full Name (Last, First, Middle Initial)

**B. Mr. Joseph DiPaolo**

Mailing Address 21 Oakwood Trail

City

Sparta

State

NJ

Zip Code

07871-1501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Atlantic Health System

Occupation

Adminstrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

11 / 24 / 2014

Transaction ID : 22164024

Amount of Each Receipt this Period

975.00

Full Name (Last, First, Middle Initial)

**C. Ms. Theresa L. Edelstein**

Mailing Address 27 Harvest Lane

City

Livingston

State

NJ

Zip Code

07039-2750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President Continuing Care Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

11 / 24 / 2014

Transaction ID : 22164031

Amount of Each Receipt this Period

19.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1001.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Michael Guerriero**

Mailing Address 760 Alexander Road

City  
Princeton

State  
NJ

Zip Code  
08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.15

Date of Receipt

11 / 24 / 2014

Transaction ID : 22164052

Amount of Each Receipt this Period

33.15

Full Name (Last, First, Middle Initial)

**B. Mr. Leslie D Hirsch FACHE**

Mailing Address 28 MacKenzie Lane North

City  
Denville

State  
NJ

Zip Code  
07834-2954

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Saint Clare's Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1202.50

Date of Receipt

11 / 24 / 2014

Transaction ID : 22164055

Amount of Each Receipt this Period

130.00

Full Name (Last, First, Middle Initial)

**C. Mr. Sean J. Hopkins**

Mailing Address 6180 Lower Mountain Road

City  
New Hope

State  
PA

Zip Code  
18938-5760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Sr. VP., Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.94

Date of Receipt

11 / 24 / 2014

Transaction ID : 22164058

Amount of Each Receipt this Period

33.04

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

196.19

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Stephen J. Kolesk**

Mailing Address 155 York Road

City  
Delran

State  
NJ

Zip Code  
08075-2217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virtua Health

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

11 / 24 / 2014

Transaction ID : 22164076

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

**B. Mr. David P. Lavins**

Mailing Address 10 Fox Chase Road

City  
Malvern

State  
PA

Zip Code  
19355-3441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

637.00

Date of Receipt

11 / 24 / 2014

Transaction ID : 22164081

Amount of Each Receipt this Period

487.50

Full Name (Last, First, Middle Initial)

**C. Ms. Sarah Lechner**

Mailing Address 760 Alexander Road

City  
Princeton

State  
NJ

Zip Code  
08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.50

Date of Receipt

11 / 24 / 2014

Transaction ID : 22164086

Amount of Each Receipt this Period

39.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

851.50

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John K Lloyd**

Mailing Address 11 Mohawk Avenue

City

Oceanport

State

NJ

Zip Code

07757-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Meridian Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22164092**

Amount of Each Receipt this Period

1300.00

Full Name (Last, First, Middle Initial)

**B. Mr. Dean Mazzoni**

Mailing Address 29 Country Club Lane

City

Marlton

State

NJ

Zip Code

08053-9713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virtua Health

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22164103**

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

**C. Mr. Richard P Miller**

Mailing Address 122 Bainbridge Street

City

Philadelphia

State

PA

Zip Code

19147-2402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virtua Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : 22164113**

Amount of Each Receipt this Period

975.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2502.50



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Roger D. Sarao Jr.**

Mailing Address 4 Poppy Lane

City

Howell

State

NJ

Zip Code

07731-1451

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP Health Economics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

11 / 24 / 2014

Transaction ID : 22164127

Amount of Each Receipt this Period

19.50

Full Name (Last, First, Middle Initial)

**B. Mr. Frank Sheehy**

Mailing Address 550 Knowlwood Road

City

Ridgewood

State

NJ

Zip Code

07450-4700

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Valley Health System

Occupation

Trustee

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

11 / 24 / 2014

Transaction ID : 22164135

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

**C. Mr. John Slotman**

Mailing Address 760 Alexander Road

City

Princeton

State

NJ

Zip Code

08540-6305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Jersey Hospital Association

Occupation

VP, GME and Teaching Hospital Issues

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

599.30

Date of Receipt

11 / 24 / 2014

Transaction ID : 22164137

Amount of Each Receipt this Period

46.80

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

716.30

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Melinda Reid Hatton**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President & General Course

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

11 / 24 / 2014

Transaction ID : PR1045726233151

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Mr. David Schulke**

Mailing Address 155 N. Wacker Dr.

City Chicago State IL Zip Code 60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP Research Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

11 / 24 / 2014

Transaction ID : PR1057462133151

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Sarah B. Macchiarola**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

11 / 24 / 2014

Transaction ID : PR1082532733151

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

271.23

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Barbara Jellen**

Mailing Address 206 N Royal St

City

Alexandria

State

VA

Zip Code

22314-2627

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Section Director, Constituency Section

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

11 / 24 / 2014

Transaction ID : PR1113464233151

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Lisa Allen**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Chief Human Resour

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

11 / 24 / 2014

Transaction ID : PR1118928233151

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**c. Mr. Dale A Kirby**

Mailing Address P O Box 331

City

Colusa

State

CA

Zip Code

95932-0331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

11 / 24 / 2014

Transaction ID : PR1125892333151

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

196.23

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Mary Meadows**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director of Professional Practice, AON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

11 / 24 / 2014

Transaction ID : PR1260472933151

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Mr. Jack A. Mackay**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President & CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

11 / 24 / 2014

Transaction ID : PR1347703633151

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Susan Gergely MBA**

Mailing Address 155 N Wacker Dr

City

Chicago

State

IL

Zip Code

60606-1787

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AONE

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

11 / 24 / 2014

Transaction ID : PR1347791033151

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

138.54

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Heather Drevna**

Mailing Address 3205 Ravensworth PL

City

Alexandria

State

VA

Zip Code

22302-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Advocacy and Member Co

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR1348169733151**

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Sharon Allen**

Mailing Address 155 N Wacker Dr

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASHHRA

Occupation

Associate Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR1474886233151**

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Mr. Mark Colucci**

Mailing Address 1061 N Penny Ln

City

Palatine

State

IL

Zip Code

60067-1821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

National Director Sponsorship and Unde

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR1475133733151**

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

138.54

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Fannie D. Wade**

Mailing Address 7706 Heartwood Lane

City

Upper Marlboro

State

MD

Zip Code

20772-4323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

11 / 24 / 2014

Transaction ID : PR1476385733151

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Monica D Day**

Mailing Address 4321 Telfair Blvd  
D319

City

Suitland

State

MD

Zip Code

20746-4271

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Political Affairs Coordinator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

11 / 24 / 2014

Transaction ID : PR1516850633151

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Elisa Arespachaga**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director, Constituency Secti

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

11 / 24 / 2014

Transaction ID : PR1555656233151

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

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121.23

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Kathy Poole**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Governance Projects

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

11 / 24 / 2014

Transaction ID : PR1589439933151

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Kimberly Baker**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director Travel Meeting Services

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

11 / 24 / 2014

Transaction ID : PR1590809133151

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Mr. Bob Kehoe**

Mailing Address 155 N Wacker Dr Fl 7

City

Chicago

State

IL

Zip Code

60606-1787

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Health Facilities Management Magazine

Occupation

Executive Editor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

11 / 24 / 2014

Transaction ID : PR1625368333151

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

121.23

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# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. Bill Ladewski**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Membership Associate, Center for Health

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2014

Transaction ID : PR1625369133151

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Joan Miller**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Education Program Manager, HRET

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2014

Transaction ID : PR1625587833151

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Monique Showalter**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Marketing AHA Solutions, Inc

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2014

Transaction ID : PR1625602233151

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

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121.23

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# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Stephen Hines**

Mailing Address 155 North Wacker Drive

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP, Research HRET

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

11 / 24 / 2014

Transaction ID : PR1648726633151

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Mr. Erik Rasmussen**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

11 / 24 / 2014

Transaction ID : PR1819487933151

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Aimee Kuhlman**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director Fed. Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

11 / 24 / 2014

Transaction ID : PR1877582333151

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

196.23

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Shari Dexter**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Political Action

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

11 / 24 / 2014

Transaction ID : PR1878189833151

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms Beverly Hancock**

Mailing Address 155 N. Wacker Dr.

City Chicago State IL Zip Code 60606-1787

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Dir Educational Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.29

Date of Receipt

11 / 24 / 2014

Transaction ID : PR1913189333151

Amount of Each Receipt this Period

47.73

P/R Deduction (\$15.91 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Joanna Kim**

Mailing Address 325 Seventh Street, NW  
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

11 / 24 / 2014

Transaction ID : PR1913190533151

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

145.86

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Evelyn Knolle**

Mailing Address 325 Seventh Street, NW

City  
Washington

State Zip Code  
DC 20004-2802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Policy -TR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR1913190733151**

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Juanita Myrick**

Mailing Address 325 Seventh Street, NW  
Suite 700

City  
Washington

State Zip Code  
DC 20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Employee Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.50

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR1913192533151**

Amount of Each Receipt this Period

40.50

P/R Deduction (\$13.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Jennifer Schleman**

Mailing Address 325 Seventh Street, NW  
Suite 700

City  
Washington

State Zip Code  
DC 20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director, Media Relat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR1913194033151**

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

173.22

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Ms. Kathleen Cain**

Mailing Address 155 North Wacker Drive

City State Zip Code  
 Chicago IL 60606-1709

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Staff Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 24 2014

Transaction ID : PR1936378433151

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Janet Henderson**

Mailing Address 155 North Wacker Drive

City State Zip Code  
 Chicago IL 60606-1709

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 24 2014

Transaction ID : PR1937843133151

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Diane Jones**Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
 Washington DC 20004-2801

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr Assoc Dir Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 24 2014

Transaction ID : PR1943461533151

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

145.44

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Ms. Stacey Chappell**

Mailing Address 155 N. Wacker Drive  
Suite 400

City State Zip Code  
Chicago IL 60606-1719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Communications Specialist, Advo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR1963876233151**

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Mr. Jeff Goldman**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President of Coverage

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR1978358633151**

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Linda Fishman**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR327629133151**

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

213.54

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Michael P. McCue**

Mailing Address 122 N. Greenwood Avenue

City

Park Ridge

State

IL

Zip Code

60068-3227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR327771633151**

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Suzanne R. Sonik**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR32777233151**

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Debra J. Stock**

Mailing Address 1022 S. Harvey Avenue

City

Oak Park

State

IL

Zip Code

60304-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR32777833151**

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.54

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. Neil Jesuele**

Mailing Address 155 N Wacker Dr

City State Zip Code  
Chicago IL 60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

11 / 24 / 2014

Transaction ID : PR327801733151

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Ms. Pamela Austin Thompson RN, MSN**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Chief Executive Officer, AONE & Sr. Vi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

11 / 24 / 2014

Transaction ID : PR327812033151

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Joan H. Lewis**

Mailing Address 6034 North 22nd Street

City State Zip Code  
Arlington VA 22205-3408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

11 / 24 / 2014

Transaction ID : PR327831733151

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.85

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Robert J. Donovan**

Mailing Address One North Franklin Street

City

Chicago

State

IL

Zip Code

60606-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Meetings & Travel Serv

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR327846233151**

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Ellen A. Pryga**

Mailing Address 2401 Calvert Street, NW  
Apt. 1008

City

Washington

State

DC

Zip Code

20008-2614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR327851933151**

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Mark Seklecki**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR327858033151**

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

213.54



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Mr. John F. Barry**

Mailing Address One North Franklin

City	State	Zip Code
Millis	MA	60606-3436

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR327877833151

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. George F. Bergstrom**Mailing Address 130 North Garland Court  
#3002

City	State	Zip Code
Chicago	IL	60602-4750

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR327895733151

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Eileen M. Collins Offner**Mailing Address 325 Seventh Street, NW  
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director Policy Development

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2014

Transaction ID : PR327906133151

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

271.23

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Thomas J. Bonner FACHE**

Mailing Address P.O. Box 679010

City  
Austin

State  
TX

Zip Code  
78767-9010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

11 / 24 / 2014

Transaction ID : PR327983733151

Amount of Each Receipt this Period

150.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Richard J. Umbdenstock**

Mailing Address 325 Seventh Street, NW  
Suite 700

City  
Washington

State  
DC

Zip Code  
20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

11 / 24 / 2014

Transaction ID : PR328132833151

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Barbara Lorsbach**

Mailing Address 204 7th Ave

City  
La Grange

State  
IL

Zip Code  
60525-6406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

11 / 24 / 2014

Transaction ID : PR328136933151

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

380.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Donna J. Melkonian**

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

11 / 24 / 2014

Transaction ID : PR328223833151

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Ron O. Purcell**

Mailing Address 1093 N. Faldo Way

City

Eagle

State

ID

Zip Code

83616-5369

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

947.31

Date of Receipt

11 / 24 / 2014

Transaction ID : PR328241433151

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Richard J. Pollack**

Mailing Address 3475 North Venice Street

City

Arlington

State

VA

Zip Code

22207-4446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

11 / 24 / 2014

Transaction ID : PR328260933151

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

346.23

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Carla J Luggiero**

Mailing Address 325 7th St Nw

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association

Occupation

Senior Associate Director, Fed Relatio

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.49

Date of Receipt

11 / 24 / 2014

Transaction ID : PR328490133151

Amount of Each Receipt this Period

28.89

P/R Deduction (\$9.63 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Carolyn Forcina**

Mailing Address 200 Clover Hill Court

City

Yardley

State

PA

Zip Code

19067-5736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

11 / 24 / 2014

Transaction ID : PR328511833151

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Alicia N. Mitchell**

Mailing Address 1501 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205-2726

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

11 / 24 / 2014

Transaction ID : PR328512033151

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

259.71

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Mr. George Arges**

Mailing Address One North Franklin St.

City State Zip Code  
Chicago IL 60606-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Senior Director, Health Data Managemen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

11 / 24 / 2014

Transaction ID : PR328641133151

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **B. Mr. Anthony S Burke**

Mailing Address 155 N Wacker Dr

City State Zip Code  
Chicago IL 60606-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AHA Solutions, Inc.

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

11 / 24 / 2014

Transaction ID : PR328913333151

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

## **C. Ms. Rebecca Chickey**

Mailing Address One North Franklin Street

City State Zip Code  
Chicago IL 60606-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

SPSA Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

11 / 24 / 2014

Transaction ID : PR329013433151

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.85

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

**A. Dr. John R. Combes**

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

President &amp; Chief Operating Officer, C

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

884.81

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 24 / 2014

Transaction ID : PR329071333151

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Robyn L. Bash**Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Director, Federal Relations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

854.12

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 24 / 2014

Transaction ID : PR329084433151

Amount of Each Receipt this Period

145.92

P/R Deduction (\$48.64 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. W. Thomas Deweese**

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

884.81

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 24 / 2014

Transaction ID : PR329215733151

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

376.74

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. John Evans**

Mailing Address One North Franklin Street

City State Zip Code  
 Chicago IL 60606-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 American Hospital Association-Chicago Senior Vice President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR329342633151**

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Patricia Meersman**

Mailing Address One North Franklin

City State Zip Code  
 Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 American Hospital Association-Chicago Senior Director Member Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR330343333151**

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Thomas Misfeldt**

Mailing Address One North Franklin

City State Zip Code  
 Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 American Hospital Association-Chicago Associate Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR330411633151**

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

213.54

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Maureen D. Mudron**

Mailing Address 325 Seventh Street, NW  
Suite 700

City State Zip Code  
Washington DC 20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Deputy General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR330465233151**

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Paul N. Muraca**

Mailing Address 4960 138th Circle West

City State Zip Code  
Apple Valley MN 55124-9229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR330475433151**

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Mr. Gene O'Dell**

Mailing Address One North Franklin

City State Zip Code  
Chicago IL 60606-3436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR330547733151**

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

213.54



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Eileen O'Keefe**

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Constituency Section

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR330549233151**

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Mr. Anthony Spohn**

Mailing Address 3219 N. Oriole

City

Chicago

State

IL

Zip Code

60634-3232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, Associate Membersh

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR331098333151**

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Debi H. Tucker Esq.**

Mailing Address 1101 N. Kentucky Street

City

Arlington

State

VA

Zip Code

22205-3515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, State Issues Forum

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR331278833151**

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.85

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Darlene S. Vanderbush**

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Operations - APP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR331304233151**

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Jo Ann Webb**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr. Director Federal Relations & Polic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR331379133151**

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Judy Weinsheimer**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

11 / 24 / 2014

**Transaction ID : PR331386933151**

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

196.23

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Dale Woodin**

Mailing Address 800 W. Central Road

City

Arlington Heights

State

IL

Zip Code

60005-2349

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, ASHE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2014			

**Transaction ID : PR331481333151**

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Megan Cundari**Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2014			

**Transaction ID : PR518031933151**

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C. Ms. Laura M. Werner**Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Associate Director, Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2014			

**Transaction ID : PR560101533151**

Amount of Each Receipt this Period

57.72

P/R Deduction (\$19.24 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ►

213.54

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Ashley B. Thompson**

Mailing Address 606 S. Royal St.

City

Alexandria

State

VA

Zip Code

22314-4142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.81

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2014

**Transaction ID : PR766023733151**

Amount of Each Receipt this Period

115.41

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**B. Ms. Rochelle M. Archuleta**

Mailing Address 325 Seventh Street, NW  
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.81

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 24 / 2014

**Transaction ID : PR801366333151**

Amount of Each Receipt this Period

40.41

P/R Deduction (\$13.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

155.82

**TOTAL** This Period (last page this line number only)..... ►

143681.23

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Health Education and Learning Political Action Committee(HEALPAC)-Federal**

Mailing Address 230 West McCarty Street

City State Zip Code  
 Jefferson City MO 65101

FEC ID number of contributing  
federal political committee.

**C** C00478362

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 03 2014

**Transaction ID : 22098987**

Amount of Each Receipt this Period

5000.00

## **B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

## **C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Hospital and Healthsystem Assoc. of PA (F)**

Mailing Address Post Office Box 8600

City

Harrisburg

State

PA

Zip Code

17105-8600

FEC ID number of contributing  
federal political committee.

C

C00128082

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

80000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 05 / 2014

**Transaction ID : 22099320**

Amount of Each Receipt this Period

15000.00

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15000.00

15000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. TD Bank**

Mailing Address 901 Seventh Street, NW

City  
Washington

State Zip Code  
DC 20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2367.31

Date of Receipt

M M / D D / Y Y Y Y Y  
10 31 2014

**Transaction ID : 22162078**

Amount of Each Receipt this Period

158.64

Interest Earned

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

158.64

158.64

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

## **A. Graves For Congress**

Mailing Address 2345 Grand, Suite 2400

City State Zip Code  
Kansas City MO 64108

FEC ID number of contributing  
federal political committee.

**C** C00359034

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**11** / **21** / **2014**

**Transaction ID : 22162085**

Amount of Each Receipt this Period

1000.00

Refund of 10/14 Contribution

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

1000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 177 OF 198

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. McCarthy Hennings Whalen, Inc.**Mailing Address 1850 M Street, NW  
Suite 235

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Television Production (Ad not aired)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		24		2014

**Transaction ID : 22116363**

Amount of Each Disbursement this Period

8970.45
---------

Television Production (Ad not aired)

Full Name (Last, First, Middle Initial)

**B. Newtek Merchant Solutions**

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

**Transaction ID : 22162080**

Amount of Each Disbursement this Period

125.36
--------

Merchant Fees

Full Name (Last, First, Middle Initial)

**C. Paymentech**Mailing Address 14221 Dallas Parkway  
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		04		2014

**Transaction ID : 22162082**

Amount of Each Disbursement this Period

61.45
-------

Merchant Fees

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9157.26
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. TD Bank**

Mailing Address 901 Seventh Street, NW

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2014

**Transaction ID : 22162084**

Amount of Each Disbursement this Period

252.08
--------

Bank Fee

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

252.08
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9409.34
---------

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Hospital Association PAC

### A. Common Ground PAC

Date of Disbursement

Transaction ID : 22086729

011

Amount of Each Disbursement this Period

Category/  
Type

2500.00

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

## 2014 Contribution

### B. People's Voice PAC

Date of Disbursement

Three digital display boxes are shown, each with a 7-segment display. The first box shows '10' with 'M' and 'M' above it. The second box shows '20' with 'D' and 'D' above it. The third box shows '2014' with 'Y', 'Y', 'Y', and 'Y' above it. The boxes are separated by slashes.

Transaction ID : 22086731

011

Amount of Each Disbursement this Period

Category/  
Type

1000.00

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

2014 Contribution

### C. Ami Bera For Congress

Date of Disbursement

Transaction ID : 22086732

011

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For: 2014

☐ Primary ☒ General

☐ Other (specify) ▼

## Contribution

4500.00

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Committee To Elect Alan Grayson**

Mailing Address PO Box 533616

City	State	Zip Code
Orlando	FL	32853

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Alan Mark Grayson**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: FL	District: 08

Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General
------------------------	--	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

**Transaction ID : 22086735**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Richmond For Congress**Mailing Address 1631 Elysian Fields  
Suite 150

City	State	Zip Code
New Orleans	LA	70126

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Cedric Richmond**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: LA	District: 02

Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General
------------------------	--	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

**Transaction ID : 22086737**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Al Franken For Senate 2014**

Mailing Address PO Box 583144

City	State	Zip Code
Minneapolis	MN	55458

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Al Franken**

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: MN	District:

Disbursement For: 2014	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General
------------------------	--	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

**Transaction ID : 22086738**

Amount of Each Disbursement this Period

2500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Clay Jr. For Congress**

Mailing Address PO Box 4544

City	State	Zip Code
St. Louis	MO	63108

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. William Lacy Clay Jr.**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2014

**Transaction ID : 22086739**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Graves For Congress**

Mailing Address 2345 Grand, Suite 2400

City	State	Zip Code
Kansas City	MO	64108

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Samuel B. Graves Jr.**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2014

**Transaction ID : 22086740**

Amount of Each Disbursement this Period

4000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Billy Long For Congress**

Mailing Address 3246 E. Ridgeview Street

City	State	Zip Code
Springfield	MO	65804

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Billy Long**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2014

**Transaction ID : 22086741**

Amount of Each Disbursement this Period

3000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ann Wagner For Congress**

Mailing Address PO Box 50

City	State	Zip Code
Ballwin	MO	63022

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Ann Wagner**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

**Transaction ID : 22086742**

Amount of Each Disbursement this Period

4000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Dr Brian Babin For Congress**

Mailing Address PO Box 159

City	State	Zip Code
Woodville	TX	75979

Purpose of Disbursement  
Contribution

Candidate Name

**Brian Babin**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2014

**Transaction ID : 22086744**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Robert Aderholt For Congress**

Mailing Address P. O. Box 1158

City	State	Zip Code
Haleyville	AL	35565

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Robert B. Aderholt**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 22090311**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ron Barber For Congress**

Mailing Address PO Box 57715

City

Tucson

State

AZ

Zip Code

85732

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Ron Barber**Category/  
Type

Office Sought:



House



Senate



President

Disbursement For: 2014



Primary



General



Other (specify) ▼

State: AZ

District: 02

Date of Disbursement

M M M /  
10D D D /  
24Y Y Y Y Y Y  
2014**Transaction ID : 22090313**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Bucshon For Congress**

Mailing Address PO Box 250

City

Newburgh

State

IN

Zip Code

47629

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Larry Bucshon MD**Category/  
Type

Office Sought:



House



Senate



President

Disbursement For: 2014



Primary



General



Other (specify) ▼

State: IN

District: 08

Date of Disbursement

M M M /  
10D D D /  
24Y Y Y Y Y Y  
2014**Transaction ID : 22090314**

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Steve Chabot For Congress**

Mailing Address 3030 Harrison Ave.

City

Cincinnati

State

OH

Zip Code

45211

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Steve Chabot**Category/  
Type

Office Sought:



House



Senate



President

Disbursement For: 2014



Primary



General



Other (specify) ▼

State: OH

District: 01

Date of Disbursement

M M M /  
10D D D /  
24Y Y Y Y Y Y  
2014**Transaction ID : 22090315**

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Coffman For Congress**Mailing Address 9249 South Broadway  
#200-501

City Highlands Ranch State CO Zip Code 80129

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Mike Coffman**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 22090316**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Cramer For Congress**

Mailing Address PO Box 396

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Contribution

Candidate Name

**Kevin Cramer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ND District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 22090317**

Amount of Each Disbursement this Period

1500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. DeFazio For Congress**

Mailing Address PO Box 1316

City Springfield State OR Zip Code 97477

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Peter Anthony DeFazio**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 22090318**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Paul Gosar For Congress**

Mailing Address PO Box 2967

City Prescott	State AZ	Zip Code 86302
------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Paul A. Gosar**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 22090321**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Nita Lowey For Congress**

Mailing Address PO Box 271

City White Plains	State NY	Zip Code 10605
----------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Nita M. Lowey**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 22090322**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Lummis For Congress**

Mailing Address PO Box 52188

City Casper	State WY	Zip Code 82609
----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Cynthia Lummis**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 22090323**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. McHenry For Congress**

Mailing Address PO Box 1406

City	State	Zip Code
Hickory	NC	28603

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Patrick Timothy McHenry**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 22090326**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Meadows For Congress**

Mailing Address PO Box 811

City	State	Zip Code
Hendersonville	NC	28793

Purpose of Disbursement  
Contribution

Candidate Name

**Mark Meadows**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NC District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 22090327**

Amount of Each Disbursement this Period

1000.00
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Contribution

Full Name (Last, First, Middle Initial)

**C. Beto O'Rourke For Congress Committee**

Mailing Address 500 West Overland, Box Bb

City	State	Zip Code
El Paso	TX	79901

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Beto O'Rourke**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 22090328**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Thornberry For Congress Committee**

Mailing Address P.O. Box 9392

City Amarillo	State TX	Zip Code 79105
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Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Mac Thornberry**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 22090331**

Amount of Each Disbursement this Period

1000.00
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Contribution

Full Name (Last, First, Middle Initial)

**B. The Niki Tsongas Committee**

Mailing Address PO Box 1454

City Lowell	State MA	Zip Code 01853
----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Niki S. Tsongas**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 22090335**

Amount of Each Disbursement this Period

1000.00
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Contribution

Full Name (Last, First, Middle Initial)

**C. Walorski For Congress Inc**

Mailing Address PO Box 954

City Mishawaka	State IN	Zip Code 46546
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Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Jackie Walorski**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 22090336**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Alaskans For Don Young Inc.**

Mailing Address 2504 Fairbanks Street

City Anchorage	State AK	Zip Code 99503
-------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Don E. Young**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AK District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 22090338**

Amount of Each Disbursement this Period

1000.00
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Contribution

Full Name (Last, First, Middle Initial)

**B. HellerHighWater PAC**

Mailing Address PO Box 371907

City Las Vegas	State NV	Zip Code 89137
-------------------	-------------	-------------------

Purpose of Disbursement  
2014 Contribution

Candidate Name

**HellerHighWater PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 22090339**

Amount of Each Disbursement this Period

1000.00
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2014 Contribution

Full Name (Last, First, Middle Initial)

**C. Kelly PAC**

Mailing Address PO Box 233

City Nashua	State NH	Zip Code 03061
----------------	-------------	-------------------

Purpose of Disbursement  
2014 Contribution

Candidate Name

**Kelly PAC**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 22090341**

Amount of Each Disbursement this Period

2000.00
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2014 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Responsibility and Freedom Work PAC**

Mailing Address PO Box 196

City	State	Zip Code
Tupelo	MS	38802

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Responsibility and Freedom Work PAC**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 22090342**

Amount of Each Disbursement this Period

3000.00
---------

2014 Contribution

Full Name (Last, First, Middle Initial)

**B. Rock City PAC**

Mailing Address 1015 Stonebridge Park Drive

City	State	Zip Code
Franklin	TN	37069

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Rock City PAC**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 22090345**

Amount of Each Disbursement this Period

2000.00
---------

2014 Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Sessions Senate Committee Inc**

Mailing Address P O Box 4278

City	State	Zip Code
Montgomery	AL	36103

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Jeff Sessions**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 22090346**

Amount of Each Disbursement this Period

2000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Byrne For Congress Inc**

Mailing Address PO Box 2743

City	State	Zip Code
Mobile	AL	36652

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Bradley Byrne**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 22090347**

Amount of Each Disbursement this Period

2000.00
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Contribution

Full Name (Last, First, Middle Initial)

**B. Graham For Congress**

Mailing Address PO Box 310

City	State	Zip Code
Tallahassee	FL	32302

Purpose of Disbursement  
Contribution

Candidate Name

**Gwen Graham**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 22090348**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Castro For Congress**

Mailing Address PO Box 544

City	State	Zip Code
San Antonio	TX	78292

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Joaquin Castro**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 22090349**

Amount of Each Disbursement this Period

2000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Denny Heck For Congress**

Mailing Address PO Box 235

City	State	Zip Code
Olympia	WA	98507

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Denny Heck**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : 22090350**

Amount of Each Disbursement this Period

1000.00
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Contribution

Full Name (Last, First, Middle Initial)

**B. Shaheen For Senate**

Mailing Address 105 N State Street

City	State	Zip Code
Concord	NH	03301

Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Jeanne Shaheen**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

**Transaction ID : 22094790**

Amount of Each Disbursement this Period

2000.00
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Contribution

Full Name (Last, First, Middle Initial)

**C. Blumenauer For Congress**

Mailing Address 830 Ne Holladay, #105

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Earl Blumenauer**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

**Transaction ID : 22094800**

Amount of Each Disbursement this Period

1000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of Michelle**

Mailing Address P.O. Box 25422

City	State	Zip Code
Albuquerque	NM	87125

Purpose of Disbursement  
Contribution

Candidate Name

**Michelle Grisham**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

**Transaction ID : 22094801**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Steve Israel For Congress Committee**

Mailing Address PO Box 1400

City	State	Zip Code
Melville	NY	11747

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Steve J. Israel**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

**Transaction ID : 22094802**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Tim Ryan For Congress**Mailing Address 337 Vienna Avenue  
Suite 1

City	State	Zip Code
Niles	OH	44446

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Timothy J. Ryan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

**Transaction ID : 22094803**

Amount of Each Disbursement this Period

3000.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Sires For Congress**Mailing Address 6050 Blvd. East  
Apt. 6b

City West New York State NJ Zip Code 07093

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Albio Sires**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: NJ District: 08Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

**Transaction ID : 22094804**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Stivers For Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Steve Stivers**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: OH District: 15Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

**Transaction ID : 22094805**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Rock City PAC**

Mailing Address 1015 Stonebridge Park Drive

City Franklin State TN Zip Code 37069

Purpose of Disbursement  
2014 Contribution

Candidate Name

**Rock City PAC**Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

**Transaction ID : 22094806**

Amount of Each Disbursement this Period

500.00
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2014 Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Pete Aguilar For Congress**

Mailing Address PO Box 10954

City	State	Zip Code
San Bernadino	CA	92423

Purpose of Disbursement  
Contribution

Candidate Name

**Pete Aguilar**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 31

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

**Transaction ID : 22094807**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Citizens For Boyle**

Mailing Address PO Box 11545

City	State	Zip Code
Philadelphia	PA	19116

Purpose of Disbursement  
Contribution

Candidate Name

**Brendan Boyle**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

**Transaction ID : 22094808**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**C. Ryan Costello for Congress**

Mailing Address PO Box 89

City	State	Zip Code
Phoenixville	PA	19460

Purpose of Disbursement  
Contribution

Candidate Name

**Ryan Costello**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

**Transaction ID : 22094809**

Amount of Each Disbursement this Period

2500.00
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Contribution

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Gallego For Arizona**

Mailing Address PO Box 1710

City	State	Zip Code
Phoenix	AZ	85001

Purpose of Disbursement  
Contribution

Candidate Name

**Ruben Gallego**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

**Transaction ID : 22094810**

Amount of Each Disbursement this Period

2000.00
---------

Contribution

Full Name (Last, First, Middle Initial)

**B. Patrick Henry Hays For Congress**

Mailing Address PO Box 94886

City	State	Zip Code
North Little Rock	AR	72190

Purpose of Disbursement  
Contribution

Candidate Name

**Patrick Hays**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

**Transaction ID : 22094811**

Amount of Each Disbursement this Period

2000.00
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Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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4000.00
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82500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 196 OF 198  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>American Hospital Association PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00106146		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		

  

Full Name of Payee <b>Mentzer Media Services, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 600 Fairmount Avenue Suite 306			Amount 80000.00		
City Towson	State MD	Zip Code 21286	Transaction ID : 22082849		
Purpose of Expenditure Radio Advertising		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014		
Name of Federal Candidate Marion Rounds		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: SD		
Calendar Year-To-Date Per Election for Office Sought 80000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

  

Full Name of Payee <b>Mentzer Media Services, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2014		
Mailing Address 600 Fairmount Avenue Suite 306			Amount 200000.00		
City Towson	State MD	Zip Code 21286	Transaction ID : 22082851		
Purpose of Expenditure Television Advertising		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2014		
Name of Federal Candidate Rep. Rodney L. Davis		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought 200000.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	280000.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton

Signature  
 \_\_\_\_\_

[Electronically Filed]

Date  
 MM / DD / YYYY  
 12 / 04 / 2014

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 197 OF 198  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>American Hospital Association PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00106146		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Mentzer Media Services, Inc.</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 600 Fairmount Avenue Suite 306			Amount <span style="border: 1px solid black; padding: 2px;">20000.00</span>		
City Towson		State MD	Zip Code 21286		Transaction ID : <b>22082842</b>
Purpose of Expenditure Radio Advertising		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Marion Rounds			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <u>SD</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">100000.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>McCarthy Hennings Whalen, Inc.</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1850 M Street, NW Suite 235			Amount <span style="border: 1px solid black; padding: 2px;">1908.75</span>		
City Washington		State DC	Zip Code 20036		Transaction ID : <b>22082838</b>
Purpose of Expenditure Radio Production		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">24</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>	
Name of Federal Candidate Marion Rounds			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <u>SD</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">101908.75</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">21908.75</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Melinda Hatton</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <span style="border: 1px solid black; padding: 2px;">12</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 198 OF 198  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>American Hospital Association PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00106146		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		
Full Name of Payee <b>McCarthy Hennings Whalen, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 17 / 2014</b>		
Mailing Address 1850 M Street, NW Suite 235			Amount <div style="border: 1px solid black; padding: 2px;">9223.49</div>		
City Washington		State DC	Zip Code 20036		Transaction ID : <b>22082840</b>
Purpose of Expenditure Television Production		Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>		Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 24 / 2014</b>	
Name of Federal Candidate Rep. Rodney L. Davis			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <b>13</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IL</b>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px;">209223.49</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2014 <input type="checkbox"/> Other (specify) ▶		

  

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px;"></div>		
City		State	Zip Code		Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>		MM / DD / YYYY	
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px;"></div>		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General			2014 <input type="checkbox"/> Other (specify) ▶		

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">9223.49</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">311132.24</div>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton

Signature  
 \_\_\_\_\_

[Electronically Filed]

Date  
 MM / DD / YYYY  

12 / 04 / 2014